



SEO Template for new content

Target keywords: sports therapist carmarthen, sports taping, knee injury

Device: Desktop

Location: United Kingdom - Wales

City: Carmarthen

Page title

- Optimal title length: **55 characters**
- Add at least one of your target keywords to your <title> tag, don't use each target keyword more than 1 time: **sports therapist carmarthen, sports taping, knee injury**

Meta description

- Optimal meta length: **160 characters**

H1

- Add all your target keywords at least one time: **sports therapist carmarthen, sports taping, knee injury**

Text

- Try to acquire backlinks from the following domains: wikibacklink.com, salsasocialclub.com, edwardbetts.com, bigreddirectory.com, kastu.lt, physiospot.com, worldwidescience.org, science.gov, threebestrated.co.uk, intently.co, elitenicherresearch.com, mpamedia.com, jacothenorth.net, eurekster.com, carml.org, keyworddensitychecker.com, iliveok.com, menstuff.org, kastu.pl

- Enrich your text with the following semantically related words: **soft tissue, reduce swelling, sports therapy, knee joint, meniscal tears, taping and strapping, broken bone, athletic tape, pain and swelling, kinesio taping, medical advice, anterior cruciate ligament acl, fluid filled sacs, acl injuries, sporting injuries, patellar tendon, therapeutic taping, tape application, blood flow, kinesiology taping**
- Focus on creating more informative content. Recommended text length: **738.333333333334**
- Make sure that your text is easy to read with the Flesch-Kincaid readability test. The readability score should be: **54.028774419149265**
- Add at least one of your target keywords: **sports therapist carmarthen, sports taping, knee injury**

Analyzed top-10-ranking rivals for your target keywords

sports taping

1. <https://www.physio-pedia.com/Taping>
2. https://www.physioroom.com/prevention/taping_guide/index.php
3. <https://www.sportsinjuryclinic.net/treatments-therapies/sports-taping>
4. <https://www.abbey-physiotherapy.co.uk/sports-taping-and-supports>
5. <https://sporttape.co.uk/sports-taping-guides-k-tape-and-strapping-tapes/>
6. <https://sporttape.co.uk/product/sports-taping-course/>
7. <https://www.healthline.com/health/kinesiology-tape>
8. https://en.wikipedia.org/wiki/Athletic_taping
9. <https://www.thephysioclinicbristol.co.uk/taping-and-strapping/>
10. <https://www.firstaid4sport.co.uk/strapping-and-taping/>

knee injury

1. <https://www.medicalnewstoday.com/articles/319324>
2. https://www.medicinenet.com/knee_injury_and_meniscus_tears/article.htm
3. <https://www.nhs.uk/conditions/knee-pain/>
4. <https://www.bupa.co.uk/health-information/knee-clinic/knee-conditions/knee-ligament-injury>
5. <https://www.webmd.com/fitness-exercise/guide/knee-ligament-injuries>
6. <https://orthoinfo.aaos.org/en/diseases--conditions/common-knee-injuries/>
7. <https://www.mayoclinic.org/diseases-conditions/knee-pain/symptoms-causes/syc-20350849>
8. <https://rothmanortho.com/stories/blog/the-5-most-common-knee-injuries>
9. <https://kidshealth.org/en/teens/knee-injuries.html>
10. <https://www.youtube.com/watch?v=SnfEmezg7eY>

sports therapist carmarthen

1. <http://srmmessage.com/>
2. <https://benventura.co.uk/>

3. <https://www.uwtsd.ac.uk/bsc-sport-therapy/>
4. <https://www.yell.com/s/sports+massage-johnstown-carmarthen.html>
5. <http://www.carmarthenphysio.co.uk/>
6. <https://www.theinjuryclinicstclears.co.uk/>
7. <https://threebestated.co.uk/physiotherapists-in-carmarthenshire>
8. https://www.physique.co.uk/clinics_details.asp?ClinicId=1069
9. <https://www.celticmassagetherapy.co.uk/>
10. <https://www.groupon.co.uk/biz/llanelli/ben-ventura-sports-therapy-king-street>

See how competitors write about targeted keywords:

sports taping

1. <https://www.physio-pedia.com/Taping>

Categories loading... When referring to evidence in academic writing, you should always try to reference the primary (original) source. That is usually the journal article where the information was first stated. In most cases Physiopedia articles are a secondary source and so should not be used as references. Physiopedia articles are best used to find the original sources of information (see the references list at the bottom of the article). If you believe that this Physiopedia article is the primary source for the information you are referring to, you can use the button below to access a related citation statement. Jump to: navigation , search. Taping is commonly used as an adjunct or temporary technique. [1] Athletes often make use of taping as a protective mechanism in the presence of an existing injury. Some of the goals with taping are to restrict the movement of injured joints, soft tissue compression to reduce swelling. support anatomical structures, and as protection from re-injury. Taping is used as one of the means of rehabilitation or prophylaxis in instances where support and stability are needed, as a first-aid tool, for the prevention of injury and protection of an injured anatomical structure while healing is taking place. [1]. compress in the presence of edema or lymphatic drainage [2]. There are different kinds of tape that can be employed:. Rigid strapping tape commonly used in taping or strapping is often referred to as "sports tape" or "athletic tape" and is most often a rigid style of strapping tape. Elastic strapping tape can also be used when less rigidity or support is required. Relieve pain by de-loading vulnerable or painful structures. Principles of taping. Protection of the skin-Check the skin sensitivity of the person to be taped that he is not allergic to the adhesive tape. Make sure there are no existing rash or broken skin in the area to be taped. Hair removal in the area to be taped-It is better if the hair is removed 12 hours prior to the tape application to reduce skin irritation. Kinesiology taping (KT) is a therapeutic tool and has become increasingly popular within the sporting arena. Taping has been used for a long time for the prevention and treatment of sporting injuries. KT is not only used for sporting injuries but for a variety of other conditions. It was developed by Japanese Chiropractor Dr. Kenzo Kase in the 1970s with the intention to alleviate pain [4] and improve the healing in soft tissues [5] . There are many proposed benefits to KT, including proprioceptive facilitation; reduced muscle fatigue; muscle facilitation; reduced delayed-onset muscle soreness; pain inhibition; enhanced healing, such as reducing edema, and improvement of lymphatic drainage and blood flow

[6] . Mobilization with Movement (MWM) developed by Brian Mulligan FNZSP (Hon) of New Zealand is recognized worldwide in manual therapy approaches. His concept is the application of manually applied accessory joint glide with concomitant pain-free active movement. During the development of MWMs, Brian Mulligan discovered that treatment in some patients was enhanced when he utilized taping to compliment the directional forces provided after the MWM treatment bout. Taping is applied in directions that complement the applied MWM passive force to joint or soft tissue. McConnell taping (also known as Patellar Taping) is often used to treat patients with anterior knee pain, more specifically with patients with Chondromalacia Patellae and Patellofemoral Pain Syndrome) [7] . The tape corrects the tracking of the patella within the patellar groove by medializing the patella. The technique also stretches lateral soft tissues and strengthens the vastus medialis obliques [8] . ↑ 1.0 1.1 Singh, G. (2019). Athletic taping and its implications in sports. International Journal on Integrated Education, 2(4), 1-7. Retrieved from <http://www.journals.researchparks.org/index.php/IJIE/article/view/96>. ↑ Constantinou M, Brown M. Chapter 2: Review of the principles and effects in Therapeutic taping for musculoskeletal conditions. Elsevier Health Sciences; 2010 Oct 5. ↑ 3M Australia: Health care: Nexcare Sports <http://www.3m.com/intl/au/nexcare/principles.html> Principles of taping. Accessed Sep 1, 2020. ↑ Liu YH, Chen SM, Lin CH, Huang CI, Sun YN. Motion tracking on elbow tissue from ultrasonic image sequence for patients with alteral epicondylitis. Proceedings of the 29th Annual International Conference of the IEEE EMBS Cite Interbationale, Lyon, France, 2007. ↑ Kahanov L. Kinesio taping, Part 1: An overview of its use in athletes. Athletic Therapy Today 2007;12:17-18. ↑ Basset KT, Lingman SA, Ellis RF. The use and treatment efficacy kinaesthetic taping for musculoskeletal conditions: a systematic review. New Zealand Journal of Physiotherapy 2010;38(2):56-62. ↑ Derasari A. et al. McConnell taping shifts the patella inferiorly in patients with patellofemoral pain: a dynamic magnetic resonance imaging study. Journal of the American Physical Therapy association. 2010 March. 90(3): 411–419. ↑ Naoko Aminaka and Phillip A Gribble; A Systematic Review of the Effects of Therapeutic Taping on Patellofemoral Pain Syndrome; Journal of Athletic Training; 2005 Oct–Dec; 40(4): 341–351. Email Address. I give my consent to Physiopedia to be in touch with me via email using the information I have provided in this form for the purpose of news, updates and marketing. The content on or accessible through Physiopedia is for informational purposes only. Physiopedia is not a substitute for professional advice or expert medical services from a qualified healthcare provider. Read more. Cookies.

2. https://www.physioroom.com/prevention/taping_guide/index.php

0333 320 8404. This guide is intended as an introduction to the use of taping and strapping techniques to aid both the treatment and prevention of injury. As ever, there is an emphasis on techniques which are most commonly used in soccer but these techniques can be applied to any sport. Mueller Big Bold M-Wrap - Under Wrap Sports Tape - Bandage For Support of Injuries.

3. <https://www.sportsinjuryclinic.net/treatments-therapies/sports-taping>

Sports Taping. Sports taping techniques are used to support weak or injured joints. We have a number of sports strapping and taping tutorial videos to help with treating common injuries. Plantar Fasciitis. Plantar fasciitis taping is excellent for relieving pain under the heel from Plantar fasciitis or from a plantar fascia strain. It works by supporting the arch of the foot and unloading some of the strain on the plantar fascia allowing the tissues to heal. Ankle Sprain. Ankle taping is used to protect a sprained ankle following injury, as well as offer support and give the athlete confidence during rehabilitation. There are many ways to tape for ankle sprains depending on the situation and state of injury. Turf Toe. Turf toe is a sprain of the joint at the base of the big toe (MTP joint or metatarsophalangeal joint) caused when the toe is bent upwards too far. The aim of sports taping is to protect the joint by preventing the painful range of movement at the injured joint. Achilles tendon. A simple Achilles tendon taping technique can be used to take the strain off a painful Achilles Tendon, allowing it to rest more easily, especially, if you have to be on your feet. Shin Splints Taping. A simple sports taping technique can instantly relieve shin pain located on the inside lower part of the shin. It provides support for the muscles of the lower leg by pulling the soft tissues towards the bone. Anterior compartment syndrome. This is virtually identical to the shin splints taping technique for pain on the inside of the shin only the tape goes the opposite way round to support the outside of the shin. ACL sprain. The aim of anterior cruciate ligament injury taping (ACL) is to support and protect the knee following an injury to the ACL, especially, if the athlete has an unstable knee or laxity in the joint. Tape provides support and may also be useful to protect the area when gradually returning to full fitness. Medial Knee Ligament Sprain. MCL sprain taping provides support and protection to the medial ligaments on the inside of the knee. It is similar to other knee joint taping but with additional support on the inside. Posterior Cruciate Ligament Sprain. Taping to support the posterior cruciate ligament, which is placed at the back of the knee. It is a general knee taping technique that will help relieve knee pain for many of these similar injuries. Patellofemoral Pain Syndrome. Taping to control the position of the patella. By taping, you are encouraging the patella to adjust to a more comfortable position. The patella can be tilted in various directions, so it's important to identify which way hurts so that you know how to apply tape. Osgood Schlatter Disease. This is identical to jumper's knee taping for the patella tendon. It is a great way to relieve symptoms and help the athlete in their transition from injury back to normal function. Jumper's knee. A simple knee taping technique which is used in the treatment of patella tendon injuries. It works by compressing the tendon to change the direction forces are transmitted. Groin Strain. Groin injury support strapping or wrap which provides support and protection to the groin area following a groin strain or similar injury. AC Joint Sprain. Quick Wrist Taping Technique. A wrist taping technique for generalized wrist pain, if you've sprained your wrist and you want something quick and easy. Thumb Sprain. Principles of Sport Taping. Sports taping techniques all follow the same basic principles. It is important to understand the specific movement that needs to be restricted and the anatomy of the joint involved. Anchor points are applied so that support strips have a fixed point to attach to. If the anchor points go around muscle then they will need to be applied with elastic tape to allow expansion of muscles as blood flow during exercise increases. Supporting strips of tape will usually need to be nonstretch tape to give the support required, however, Achilles tendon

taping is one exception as anchors which go round muscle need to have some stretch to allow for expansion of the muscle as it fills with blood during exercise. Mike Walden. Mike is creator & CEO of Sportsinjuryclinic.net. A qualified Sports Injury Therapist with a degree in Physical Education, Sports Science and Physics, and a Postgraduate Certificate in Education. Cold Therapy P.R.I.C.E. Principles. Sports Massage. Carbohydrate drinks explained. Knee Pain. Heel Pain. Ankle Pain. Shoulder Pain. [verify here](#). Privacy Overview. This website uses cookies to improve your experience while you navigate through the website. Out of these, the cookies that are categorized as necessary are stored on your browser as they are essential for the working of basic functionalities of the website. We also use third-party cookies that help us analyze and understand how you use this website. These cookies will be stored in your browser only with your consent. You also have the option to opt-out of these cookies. But opting out of some of these cookies may affect your browsing experience. Always Enabled. Necessary cookies are absolutely essential for the website to function properly. This category only includes cookies that ensures basic functionalities and security features of the website. These cookies do not store any personal information. Any cookies that may not be particularly necessary for the website to function and is used specifically to collect user personal data via analytics, ads, other embedded contents are termed as non-necessary cookies. It is mandatory to procure user consent prior to running these cookies on your website.

4. <https://www.abbey-physiotherapy.co.uk/sports-taping-and-supports>

' Quality care from the people who care'. We continue to see patients Face to Face in the clinic whilst maintaining strict cleanliness and a Covid safe environment. Abbey Physiotherapy. Taping has been used for a long time for the prevention or treatment of sporting injuries, you have probably been watching some form of sporting activity such as athletics, volleyball or cycling and wondered why we now see athletes bodies covered in stripes of colourful tape. This tape is specifically called kinesiology tape (which is really stretchy) or more commonly Kinesio tape. KT is not only used for sports injuries but for a variety of other injuries. According to the manufacturer's recommendations when KT Tape is applied over muscles to reduce pain and inflammation, relax overused or tired muscles, and support muscles in movement on a 24-hour-a-day basis. The process requires the application of tape directly to the skin to hold muscles or bones at a certain position. This reduces pain and aids recovery, especially when applied by your orthopaedic therapist following overuse to relieve discomfort. Taping and Strapping. Kinesio-taping (KT) method taping techniques are commonly used by physiotherapists in the treatment of pain relief and prevention of sports injuries. This technique can be often used for patients who are suffering from runners knee, problems with your patella causing knee pain such as weakness with a ligament. The benefits of KT tape application is the breadth of conditions it covers with its relatively simple effects of balancing the muscles effect on the knee and relieving pressure on the kneecap and its tendon. When applying the tape you won't usually want to apply the tape to its full stretching capability, however, most instructions require a degree of stretch. (You could see percentages, such as 50% for stretching to half of the tape's full stretch, 25% for between none and half, and 75% between half and full stretch) it is strong, breathable and latex-free. Kinesiology tape (KNT) through the Kinesio taping

method has historically had an association to Dr Kenzo Kase, a Japanese chiropractor who wanted a tape that provided support but didn't limit the range of motion the way traditional athletic tapes do. KT support tape can be applied in a number of different ways in physical therapy to assist with relieving pain and depending on the required action. Examples are to release tension in overworked muscles, encourage activation in weaker muscles, support structures in protected positions where excessive movement can delay healing, managed to swell and give proprioceptive feedback to improve posture or movement control in the area. Wear and Tear! Excessive wear and tear is one of the main reasons people are injured. Long hours playing sport or exercising increases the strain on your joints and muscles and makes you more prone to injury. How does taping prevent injury? The general consensus is that taping as a sports medicine does help prevent reoccurrence of an injury. There are two most likely explanations for this. First, the tape gives the joint mechanical support, it allows the joints and muscles to be stabilised during activity. This means that the tape prevents the joint from moving too far in any one direction and hyperextending the joint beyond the normal range of motion. The tape's medical-grade adhesive is also water-resistant and strong enough to stay on for three to five days, allowing you to continue to work out or take showers. The use of tape to treat a range of Musculoskeletal anatomy problems, it is best described as a therapeutic tape that's applied strategically to the body to provide support, lessen pain, reduce swelling, and improve muscles performance when applied by your practitioner. Tape for Causes Of Knee Pain. Knee issues arise from equally as many causes. Muscle imbalances, poor running form, misaligned hips or poor posture, poor nutrition, over-training, compensation for another injury, hyperextension, arthritis, and blunt trauma to ligaments are just a few of the most common causes of knee pain. Common effective treatments among all of these conditions include increasing circulation, providing support, reducing pressure, and maintaining range of motion. It is believed that the use of tape creates small spaces in joints which helps prevent joint irritation. . How does Kinesiology support tape work? When sports tape is applied by your physical therapist to an inflamed or swollen area of the body, Achilles, elbow, wrist, quadriceps, knees, thigh, low back, ankle, rotator cuff e.g you may have suffered a sprain to your ankle and be using the tape for stability, the lifting motion of the tape lifts the skin and creates a space between the top layer of skin and the underlying tissues. KNT is purported to increase circulation by reducing local pressure and improving blood flow. This space creates a pressure gradient between this area and the surrounding tissues that allows fluids to move into the lymphatic vessels and be eliminated from the body by lymphatic drainage, reducing the inflammatory nature of the injury and improving the rehab of the patient and assisting the healing process. Facilitation. KT Tape can be used to help improve muscular firing and contraction patterns, normalising muscular tone and improved athletic performance. Inhibition and pain management. helping reduce pain and muscle spasm that may occur after an injury such as shoulder pain caused by instability in Rotator Cuff. Support and stability. Abbey Physiotherapy uses tape to treat conditions such as patellofemoral stress syndrome, iliotibial band friction syndrome, and shoulder instability They all benefit from the extra support provided by using sports taping practices. The tape can support your joint while still allowing for some motion to occur. Swelling management. If you have suffered an injury or have had surgery that results in

increased swelling, kinesiology tape may help to decrease the swelling by decreasing pressure between the skin and underlying tissues. Scar tissue management. Kinesiology Tape. Properties. Kinesio Tape is a rehabilitative tape that is designed to facilitate the body's natural healing process while providing both support and stability to muscles and joints. It is characterised by the ability to stretch to 120-140% of its original length and, following application it will recoil back towards its unstretched length. The tape is proposed to mimic the physical qualities of the skin as it is believed to be the same weight and thickness of the epidermis along with its inherent elastic properties. It is comprised of polymer elastic wrapped in 100% cotton fibres, which allows for evaporation of moisture. The glue is heat-activated and is applied in a wave-like pattern to mimic the qualities of the fingerprint on the fingertip. . We don't recommend applying kinesiology tape to damaged or broken skin, if your skin is particularly sensitive, we recommend that we may recommend to try testing out a small section for a period of around 24 hours to check that you don't suffer any ill-effects before applying a full taping job. Prevent Injuries with Kinesio Tape. Kinesio tape can be used to prevent injuries. It is used to successfully treat a variety of orthopaedic, neuromuscular, neurological and medical conditions, designed to facilitate the body's natural healing process while allowing support and stability to muscles and joints without restricting the body's range of motion. In consequence, different types of sports taping can be used ranging from rigid to full flexible which includes the use of Kinesotape ('K') Dynamic tape, Zinc Oxide and Elastic Adhesive Bandage. If you are preparing for a big sporting event and want to ensure that do the most the protect yourself get in touch with your local physiotherapist at Abbey Physiotherapy. A variety of other supports are available which may be suggested by your Physiotherapist to support your recovery process. We aim for both taping and supports to be short term use while you rehabilitate your body to take over the role of the tape or support and if you successfully follow the rehabilitation programme, this should guard against future injury. Conditions which benefit from KT Taping. These are the conditions which Abbey Physiotherapy could utilise the use of KT Taping as a form of treatment, maybe in conjunction with other Physiotherapy Treatments. Calf injuries. Ankle sprain or other injuries (The most commonly injured ligament is the anterior talofibular. Injury to this ligament results in swelling and pain on the outside of the ankle). Knee bursitis. Myofascial Pain Syndrome. There is a lot of research available investigating the efficacy of kinesiology tape in the musculoskeletal field, although research in the neurological arena is much less prevalent, However, it has been used for Improved postural alignment, pelvic tilting, and gait in patients with Parkinson's Disease (PD), Multiple Sclerosis, Stroke, Spinal Cord Injury, pain and musculoskeletal problems. If you have an injury that results in pain, swelling, loss of motion, or muscle spasm your Abbey physical therapist may recommend using kinesiology tape to help treat your problem. If you think we can help you, why not contact us to enquire further or make an appointment. You can contact us by calling 024 7628 1133 or emailing us. You can also book an appointment by calling 024 7628 1133. or using the Book Online feature via our website. Or Why Not Get In Touch. Sports Massage. Sports massage is a firm deep tissue massage therapy which is the most effective therapy for treating muscular pain, tension and for putting your body in balance. Mobilisations & manipulation. Acupuncture Clinic. Our Acupuncture Clinic treatment aids tissue healing and based on scientific evidence that

shows the treatment can stimulate nerves under the skin and in muscle tissue to allow the body to produce pain-relieving substances. Ultrasound and TENS. TENS is an abbreviation of Transcutaneous Electrical Nerve Stimulation. A Tens machine may assist in modest short-term pain relief. Ultrasound aids tissue healing for soft tissue injuries. Sports taping and supports. Exercise rehabilitation. Rehabilitation is the process to regain full function following injury. This involves restoring strength, flexibility, endurance and power and is achieved through various exercises and drills. Core strength & stability training. An exercise programme that aims to improve stabilisation and support to the spine. This is achieved by re-training specific trunk muscles, which may be under used. Orthotics. Orthotics are arch supports worn in the shoe designed to improve comfort, reduce fatigue, prevent injury and assist in rehabilitation. We can provide Orthotic insoles offering biomechanical correction and support. Sports Injuries. Treatment for a sports injury will depend on factors such as how severe the injury is and the part of your body affected. Back and neck pain. Upper back and neck pain can stop you in your tracks, making it difficult to go about your typical day. Soft tissue strains and sprains. The most common soft tissues injured are muscles, tendons, and ligaments. These injuries often occur during sports and exercise activities, but sometimes simple everyday activities can cause an injury. Fractures and Dislocation. A fracture is when a bone has been broken. A dislocation is where a bone has been displaced from its normal position at a joint. Whiplash Symptoms. Whiplash is a term that describes a neck injury caused by a sudden movement of the head forwards, backwards or sideways. Headaches. A Headache is a pain in any region of the head. Headaches can occur on one or both sides of the head, or be isolated to a certain location. A headache may be a sharp pain, throbbing sensation or dull ache. Sciatica. is a pain affecting the back, hip, and outer side of the leg, caused by compression of a spinal nerve root in the lower back, often owing to degeneration of an inter-vertebral disc. Arthritis. Arthritis is inflammation of one or more of your joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. Repetitive Strain Injury. a condition in which the prolonged performance of repetitive actions, typically with the hands, causes pain or impairment of function in the tendons and muscles involved. Abbey Physiotherapy provides Private Physiotherapy services, a Sports Injury Clinic and Acupuncture treatment to the people of North Warwickshire and beyond. The company was established in 2005 and has grown an impressive reputation for delivering patient centred care.

5. <https://sporttape.co.uk/sports-taping-guides-k-tape-and-strapping-tapes/>

We know tape and we're 100% committed to supporting you. Whether you're an athlete or a therapist our no-nonsense taping advice can help. Watch our 25+ easy-to-follow videos below. Available. We know the better the application, the better your reputation. That's why we've created the SPORTTAPE Academy. To offer low cost, no risk, access to education that's highly practical and led by instructors who are at the top of their game. Learn to tape faster and more effectively than ever before.

6. <https://sporttape.co.uk/product/sports-taping-course/>

11 reviews. Welcome to our Sports Taping Course. Be prepared for some hands-on teaching that will help you to tape faster and better than ever before. Effective Taping & Strapping is an essential skill of any successful therapist, and mastering their use cannot be underestimated. Overview. This course is designed to provide honest practical sports taping advice, developed from more than a decade of working in elite sport. This online Taping and Strapping course will empower you with a solid knowledge of traditional taping methods, and help you to strap faster and more effectively. Recommended by the SMA, STA, STO and BCA, this online course offers 5 HRS of certified CPD and features 18 Videos, 2 Quizzes and 12 Research Papers. For just £40.00, you will get 24/7, lifetime access to the online content. This includes any updates we make to the course. 5HRS CPD. LIFETIME ACCESS. For just £40.00, you will get 24/7 access to the course online. This includes any updates we make to the existing content. NO RISK LEARNING. Our Virtual Classroom. To give you a flavour of our course, here is one of the 18 videos we feature. This Strapping applications for the Knee/MCL illustrates how various taped can be used together for maximum effect. Performance Coach. Patrick currently works as a Performance Coach in both Formula 1 and Professional Boxing. Having previously spent time at Arsenal FC Academy and with the Team GB Slalom Canoe and Archery Olympic teams across multiple Olympic cycles. His teaching experience is vast, having taught hundreds of taping courses over the past decade. Great course for a small Rugby Club. It was a great level for a beginner, Patrick was very good and I felt like I had enough practical elements and hands on. I only hope I can still remember enough when I start practising, ha! Learn from the comfort of your own home (or clinic). We've condensed an incredibly detailed taping and strapping course into engaging and empowering digital content. HOW MANY HOURS CPD CAN I CLAIM? The course offers 5 hours of self-certified CPD. You can download a CPD certificate at the end of the course. HOW MUCH DOES THE COURSE COST? The course is just £40 inc. VAT, and is perfect for anyone who wants to learn the main applications and handling techniques for using rigid tapes and bandages in a sporting setting. CAN I PURCHASE TAPE FOR THE COURSE? Absolutely. There is a unique link when you start the course to purchase tape at below trade pricing. We've even put together a handy taping pack that includes a huge variety of tapes in all sizes, so you can start practising straight away. HOW LONG DO I HAVE ACCESS TO THE COURSE FOR? How does lifetime access sound? After enrolling, you have unlimited access to this course for as long as you like - across any and all devices you own. WHAT IF I'M NOT HAPPY WITH THE COURSE? We'd love to hear your feedback! We want to enable the best possible learning environment for everyone and offer a course that is both thought-provoking and informative. If you feel we've fallen short, we'd love to hear what you'd like to see in the next course. DO YOU OFFER OTHER TAPING COURSES?

7. <https://www.healthline.com/health/kinesiology-tape>

Share on Pinterest. We include products we think are useful for our readers. If you buy through links on this page, we may earn a small commission. Here's our process. Today, there are more than 50 brands of kinesiology tape on the market, but the original product, Kinesio tape or Kinesio Tex Tape, was developed in the late 1970s by Dr. Kenzo Kase, a Japanese chiropractor who wanted a tape that provided support but didn't limit movement

the way traditional athletic tapes do. If you've watched a volleyball game or competitive bicycle race, you've probably seen it: strips of colorful tape splayed in patterns across shoulders, knees, backs, and abs. That's kinesiology tape: a therapeutic tape that's applied strategically to the body to provide support, lessen pain, reduce swelling, and improve performance. Enthusiasts report success achieving these aims, but so far, there needs to be more research to say with certainty what taping can and cannot do. Here's what we know about how physical and sports therapists use it, its benefits, tips and what to know.

Kase created Kinesio tape with a proprietary blend of cotton and nylon. It's designed to mimic the skin's elasticity so you can use your full range of motion. The tape's medical-grade adhesive is also water-resistant and strong enough to stay on for three to five days, even while you work out or take showers. When the tape is applied to your body, it recoils slightly, gently lifting your skin. It is believed that this helps to create a microscopic space between your skin and the tissues underneath it. Creates space in joints. One small study with 32 participants showed that when kinesiology tape was applied over the knee, it increased the space in the knee joint. Lyman KJ, et al. (2017). Investigating the effectiveness of kinesio taping space correction method in healthy adults on patellofemoral joint and subcutaneous space. <https://www.ncbi.nlm.nih.gov/pubmed/28515980>. <https://www.ncbi.nlm.nih.gov/pubmed/29191285>. May change signals on pain pathways.

Some physical therapists think the tape changes the information your sensory nervous system is sending about pain and compression in your body. Dr. Megann Schooley, board-certified clinical specialist in sports physical therapy and certified strength and conditioning specialist, explains it this way: "All of your tissues — skin, connective tissue, fascia, muscles — contain sensory receptors that feel pain, temperature, and touch. Those receptors all contribute to proprioception—your brain's sense of where your body is and what it's doing. Kinesiology taping creates a lift that unloads the underlying tissues. Decompressing those tissues can change the signals going to the brain. When the brain receives a different signal, it's going to respond differently," Schooley says. Trigger points are a good example. Physical therapists have used kinesiology tape to lift the skin over these tense, knotted muscles. When the area is decompressed, pain receptors send a new signal to the brain, and tension in the trigger point decreases. A 2015 study showed that trigger point pain was reduced and flexibility increased for people when kinesiology tape and manual pressure were used together. kinesiotaping.com/wp-content/uploads/2015/11/Chao-Lin-2016.pdf. If you've been injured, kinesiology tape might help improve circulation and reduce swelling in the area where you're hurt. A 2017 study showed that kinesiology taping can improve blood flow in the skin. performancehealthresearch.com/article/1801. It may also improve circulation of lymphatic fluids. Lymphatic fluid is mostly water, but it also contains proteins, bacteria, and other chemicals. The lymphatic system is the way your body regulates swelling and fluid buildup. The theory is that when kinesiology tape is applied, it creates extra subcutaneous space, which changes the pressure gradient in the area underneath your skin. That change in pressure enhances the flow of lymphatic fluid. Studies have had mixed results. In two recent studies, kinesiology tape reduced fluid buildup in women who underwent breast cancer treatment and people who had total knee replacements. Malicka I, et al. (2014). Kinesiology taping reduces lymphedema of the upper extremity in women after breast

cancer treatment: a pilot study. DOI: 10.5114/pm.2014.44997. Deniz GH, et al. (2018). THU0727-HPR Comparison of kinesio tape application and manual lymphatic drainage on lower extremity oedema and functions after total knee arthroplasty. https://ard.bmj.com/content/77/Suppl_2/1791.1. Changing the flow of lymphatic fluid could help bruises heal faster. Although there are few studies to confirm this effect, anecdotally some people report that when they've removed tape from bruised body parts, the areas under the tape were a different color than the un-taped areas. Physical therapists sometimes use kinesiology taping as one part of an overall treatment plan for people who've been injured. The American Physical Therapy Association reports that kinesiology taping is most effective when it's used in conjunction with other treatments like manual therapy. Study says therapeutic taping no better than other approaches to treat chronic musculoskeletal pain, disability. (2015). <http://www.apta.org/PTinMotion/News/2015/2/20/TapingSystematicReview/>. "We use kinesiology taping to mitigate pain and swelling," Schooley says, "but it's always used as an adjunct to what we're trying to accomplish." Kinesiology tape is also used to add extra support to muscles or joints that need it. If you have patellofemoral stress syndrome, IT band friction syndrome, or Achilles tendonitis, kinesiology taping might help you. Unlike white medical or athletic tape, kinesiology tape lets you move normally. In fact, some studies show that it can enhance movement and endurance. Studies on athletes have shown that when kinesiology tape is used on fatigued muscles, performance improves. Re-educating muscles. Kinesiology tape can help re-train muscles that have lost function or that have gotten used to an unhealthy way of working. For example, kinesiology taping can be used to correct posture in your head and neck. <https://www.ncbi.nlm.nih.gov/pubmed/28282792>. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5702841/>. Physical therapists think this may be because having the strange sensation of tape on your skin can make you more aware of how you're standing or moving. Enhancing performance. Some athletes use kinesiology taping to help them achieve peak performance and protect against injury when they're competing in special events. "A lot of runners use this tape every time they run a marathon," Schooley says. "We sometimes place the tape along the glute as a way of 'waking up' the muscle and reminding it to keep working." Managing scars. Although you should never use kinesiology tape on an open wound, there is some scientific evidence to suggest that kinesiology tape can improve the long-term appearance of scars after surgery or injury. 10.1016/j.poamed.2012.04.010. Does it really work? The answer for some people is: yes. But we need more research — what exists currently is inconsistent. Some studies indicate no difference in outcomes between kinesiology tape and placebos or "sham taping." Some studies show minimal or moderate gains. When not to tape. Open wounds. Using tape over a wound could lead to infection or skin damage. Deep vein thrombosis. Increasing fluid flow could cause a blood clot to dislodge, which might be fatal. Active cancer. Increasing blood supply to a cancerous growth could be dangerous. Lymph node removal. Increasing fluid where a node is missing could cause swelling. Diabetes. If you have reduced sensation in some areas, you might not notice a reaction to the tape. Allergy. If your skin is sensitive to adhesives, you could trigger a strong reaction. How to apply kinesiology tape. You should always consult with a physical therapist who is trained

in the proper application of kinesiology tape before you try to put it on yourself. A physical therapist will show you how to apply the tape in the pattern that will help your specific problem. Tape can be applied in an X, Y, I, or fan pattern, depending on your goals. You may also need both stabilization and decompression strips. Your physical therapist can watch you practice applying and removing the tape before you try it at home. "Taping is not a permanent solution," Schooley says. "You want to build your strength and skill, because correcting the root problem is key." To apply the tape, remember these steps: Clean and dry the area first. Lotions and oils can prevent the tape from sticking. Trim excess hair. Fine hair shouldn't be a problem, but dense hair could keep the tape from getting a good grip on your skin. For most treatments, you'll start by tearing the backing paper in the center. Cut rounded corners at the ends of each strip if they don't already have them. The rounded corners are less likely to get snagged against clothing; and helps to keep the tape on longer. When you apply the first tab to anchor the strip, let the end recoil slightly after you take off the backing paper. You don't want any stretch in the last two inches at either end, because those tabs are just to hold the tape in place. If you stretch the ends, the tape will pull your skin, which could cause irritation or make the tape detach sooner. Keep your fingers on the packing paper to hold the tape. Touching the adhesive part will make it less sticky. Your therapist can let you know how much stretch to use in the treatment area. To get a 75 percent stretch, extend the tape as far as it will go and then release it about a quarter of its length. When you stretch the tape, use the whole length of your thumb across the tape to get an even stretch. After you apply the tape, rub the strip vigorously for several seconds. Heat activates the glue. Full adhesion usually takes around 20 minutes. How to safely remove kinesio tape. If you're wearing the tape longer than a few days, it may begin loosening on its own. Here are some tips for getting the tape off without hurting your skin. Apply some oil (like baby oil or olive oil) or lotion on top of the tape to loosen the strip. Remove it slowly. Don't yank. Don't pull up. After nudging up one end of the strip, press down on your skin to separate it from the tape. Pull the tape back against itself, rather than straight up away from you. Compress your skin gently while pulling the tape back in the direction of the end tab. Walk your fingers along your skin as you go. If your skin is irritated or damaged, don't reapply tape. Consider talking talk to your physical therapist or doctor. Will the tape harm my skin? The adhesive on major brands is latex-free and hypoallergenic, so it shouldn't cause an allergic reaction if it's applied properly and if you don't have sensitivities. It's probably a good idea to apply a test strip first, just to be on the safe side. How to buy more affordable tape. Although cost varies depending on the elasticity and durability of the brand, a good roll could cost \$25 to \$40. Schooley advises buying in bulk and sharing with other folks in your running club or gym. You can also increase your wear-time by sticking the ends to your skin instead of another piece of tape. "I always tell patients to tape with purpose," she says. "Yes, it looks cool. But ultimately, you're working toward not needing the tape." The long and short of it. Although the effectiveness of kinesiology taping is not well researched, it may provide support, increase circulation, reduce pain, and improve the way your joints and muscles work. Before using it, you should talk to a physical therapist, because it's most useful when combined with other treatment methods. Medically reviewed by Lauren Jarmusz, PT, DPT, OCS. [READ MORE](#). Medically reviewed by Gregory Minnis, DPT. Both physical therapy, also known as

physiotherapy, and chiropractic care focus on managing pain and other symptoms using noninvasive techniques. Both.... Medically reviewed by William Morrison, M.D. Including ankle stretching and strengthening in your daily routine pays off in accident prevention and better mobility. Strong, flexible ankles will.... Medically reviewed by Cynthia Cobb, DNP, APRN, WHNP-BC, FAANP. Tattoo aftercare starts as soon as your tattoo is done. Learn how to care for your tattoo, what to expect in the first month, the signs of infection.... Medically reviewed by Alan Carter, Pharm.D. You may have heard that testosterone supplements can help in the bedroom. Before you try them, we'll explain what testosterone does and how levels of.... Medically reviewed by Ayonna Tolbert, PharmD. Learn about Medicare and the coronavirus vaccine. Find out whether it'll be covered, when it might be available, whether COVID-19 tests are covered.... Medically reviewed by Joseph Vinetz, MD. Learn COVID-19 and coronavirus symptoms like fever and shortness of breath. Find out how they compare to flu or hay fever, emergency symptoms, and.... Medically reviewed by Cameron White, MD, MPH. Get the facts about the 2019 novel coronavirus (and COVID-19). Discover symptoms, risk factors, tips to prevent contracting and transmitting it, and.... Medically reviewed by Shilpa Amin, M.D., CAQ, FAAFP. Dark knuckles can be caused by different skin conditions, medical conditions, genetics, and more. Learn more about the causes, treatments, and natural.... Medically reviewed by Gregory Minnis, DPT. We'll show you ways to loosen up tight hamstrings, plus provide tips for preventing hamstring tightness and improving flexibility. Privacy Settings. © 2005-2020 Healthline Media a Red Ventures Company. All rights reserved. Our website services, content, and products are for informational purposes only. Healthline Media does not provide medical advice, diagnosis, or treatment. See additional information . © 2005-2020 Healthline Media a Red Ventures Company. All rights reserved. Our website services, content, and products are for informational purposes only. Healthline Media does not provide medical advice, diagnosis, or treatment. See additional information .

8. https://en.wikipedia.org/wiki/Athletic_taping

Jump to navigation Jump to search. This article is about the medical treatment. For the process of writing on a cassette, see Sound recording and reproduction . Athletic taping is the process of applying tape directly to the skin or over prewrap in order to maintain a stable position of bones and muscles during athletic activity. It is a procedure that uses athletic tape (pressure-sensitive tape similar to surgical tape or elastic therapeutic tape), attached to the skin , to physically hold muscles or bones at a certain position. This reduces pain and aids recovery. Taping is usually used to help recover from overuse and other injuries. The general goals of athletic taping are to restrict the motion of an injured joint, in order to add stability for a temporary period of time. It compresses soft tissues to reduce swelling, support anatomical structures involved in the injury, serve as a splint or secure a splint, secure dressing or bandages, protect the injured joint from re-injury, and protect the injured part while the injured part is in the healing process. [1]. Role of taping[edit]. Taping has many roles such as to support the ligaments and capsules of unstable joints by limiting excessive or abnormal anatomical movement. Taping also enhances proprioceptive feedback from the limb or joint. Finally, taping can support injuries at the muscle-tendon units by compressing and limiting movement and secure protective pads, dressings and

splints. Advantages[edit]. Injury Prevention: Athletic taping is recognized as one of the top preventative measures for reduction of injuries in collision sports. [2] [3] [4] [5] These injuries often occur as a result of extrinsic factors such as collision with other players or equipment. Athletic taping has also been shown to reduce the severity in injuries, as well as the occurrence of injury in most sports, this is especially helpful for people who are prone to certain injuries. [6] [7]. Injury Management: Tape is often applied to manage symptoms of chronic injuries such as medial tibial stress syndrome (or shin splints), patella-femoral syndrome, and turf toe . [8] [9] [10] Athletic tape can be applied to ease pain symptoms as well. Taping along the nerve tract of irritated or inflamed tissue can shorten the inflamed region and reduce pain. [11] [12] There is evidence of Kinesio taping benefit as a complementary therapy in shoulder-pain syndromes. [13]. Other post-injury benefits include: 1) stabilizing and supporting joints after injuries to the muscle or ligament; 2) assisting and allowing the athlete to return to activity after minor injuries; 3) preventing and reducing further harm to injured area; 4) maintaining proper biomechanics during activity; 5) preventing neuromuscular damage; and 6) reducing force on the area during activity. [14]. Incorrect athletic taping may lead to blistering or future injuries. [3].

Techniques[edit]. There are set regulations and rules that govern the athletic taping techniques used by trainers and health professionals. There are a few aspects of athletic taping that are standardized. [3] [16] [17].

Skin preparation: Removal of hair, cleaning of skin, addressing of any lesions with necessary consultation, using adherents and lubricants, underpads, etc. [17].

Functional position of the body to be taped: The athlete's position depends on the area getting taped. [14].

Body mechanics of the trainer/taper: The athlete must be at a comfortable height in order to reduce fatigue over long periods of taping time. [14].

Athletic tape application: Athletic tape must be adhered to a dry and clean area of the body at body temperature to bare skin or pre-wrap in order to prevent slippage and to maintain the effectiveness and rigidity of the wrap. The type and width of the athletic tape must be appropriate (able to strap the given body part suitable) for the area being taped. Areas subject to high friction should be reinforced with protective padding or under-wrap. Athletic tape should be applied: film and wrinkle free; without impairment of circulation, nerves, or muscle movement; and without pressure on body prominences. [14].

Removal: Removal of the athletic tape post athletic activity should be done with tape cutters (sometimes known as 'Sharks') or special tape scissors. The skin must be free of tape residue. [14].

Alternatives[edit]. Wraps and braces can be used instead or with taping to stabilize the affected area. Braces might alter muscular activity, where tape might not.

Standard athletic tape is classified by the following characteristics: [1].

Number of vertical (warp) and horizontal (woof) threads per square inch. These threads vary from 120 to 150 per square inch. A higher thread count is synonymous with a higher quality including higher tensile strength, better adhesive, easier removal, longer lasting, and more expensive.

Tensile strength. Composition: bleached versus unbleached cotton; cotton versus synthetic fibers versus a blend of both.

Rigid tape: provides a firm support, holds and reduces movement of a joint with a strong and sticky material, examples include Strappal or Endura Fix, etc.

Under tape: has a different type of fabric that allows more movement and air, examples include Hyperfix or Endura Fix, etc.

Elastic tape: flexible tape, that when it is applied, lets your skin breathe and transmit moisture through the type of material used,

examples include Tensoplast and Elastikon, etc. Felt tape: this type of tape does not have any glue in the material and is used as a barrier to the skin Example: Mueller.

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9. <https://www.thephysioclinicbristol.co.uk/taping-and-strapping/>

Taping and Strapping. Taping and strapping has been used by sports men and women for decades to give support and decrease pain. We regularly use taping as an adjunct to other treatment to assist in your recovery or rehabilitation. Need taping for a specific event? Give us a call to discuss your needs on 01454 54 00 66. We use traditional and kinesiology tape (the colourful tape) that you see on many high-level sports people today for various reasons. Larger/Multi joint areas £20+ depending on amount of tape. You can bring your own tape along but otherwise we request that all tape must be purchased through the clinic to ensure that the correct tape and quality products are used. All surplus tape can then be

kept and reused the next time you require strapping. If taping or strapping is required as part of a treatment session no fee is charged. However, if repeated strapping is required over multiple sessions you may be asked to pay to cover the costs of any materials used. This amount will be told to you prior to any service given. Hysterectomy – What you need to know 10th November 2020 - 3:52 pm. We understand that people often don't know what we do or how we can help. Don't worry we're here to help. To ask us a question or to book an initial appointment simply call 01454 54 00 66 and one of our friendly team at will assist you with your enquiry. Testimonials. "This was the first time visiting a sports massage, needed due to an injury to my calf. After just 1 session the improvements made have been incredible, and I am already booking more sessions in immediately. Matt Williams, who looked after me, was very friendly and extremely Knowledgeable...".

10. <https://www.firstaid4sport.co.uk/strapping-and-taping/>

4. We specialise in all types of muscle tapes and sports tape and strapping including Zinc Oxide Tape , Elastic Adhesive Bandage , Kinesiology Sport Tape , Underwrap and Pre Wrap and Cohesive Bandages . Login. This site uses cookies to offer you a better browsing experience. By browsing this website, you agree to our use of cookies.

sports therapist carmarthen

1. <http://srmmassage.com/>

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Flag as inappropriate. I first went to Ben with problems in my calf and also my some foot pain. Not only has he resolved these issues but he's also helped with other underlying issues I didn't know that were hindering my training. Ben is friendly, helpful and I now go every month to have a massage to keep injury at bay and keep my muscles in good shape. Flag as inappropriate. Ben is very knowledgeable and really makes you feel at ease. I'd never been for a sports massage before but Ben made sure I was comfortable and told me what he was doing throughout and how it would help/benefit me and the results showed for themselves as I felt great afterwards. Flag as inappropriate. Ben is amazing and helped me to my Ironman success then to my ultramarathon. Hes friendly, very professional and knowledgable. Ben goes above and beyond to help . My name is Boaventura Mesquita affectionately know as Ben. I originate from Portugal however I have made Wales my home since 2004. I been involved in sport all my life both as a player and a youth coach. I become interested in sports massage therapy through sustaining personal injuries and looking for ways to promote my recovery. I became passionate in this field and in order to help others I qualified in sports massage therapy up to level 3 in Pembrokeshire college sports academy. I then continued with my development by completing sports Massage and Injury Rehabilitation level 4 at Bath university. I'm currently employed by Haverfordwest County AFC as their head of injury rehabilitation and recovery, as well as helping people with sports injuries. My aim as a therapist is to help anyone in need, and not those solely involved in sport. I continue to develop my skills and a range of techniques by regularly attending new training courses plus continued development of my completed qualifications. . Sports

Massage. Deep tissue massage is focused on regaining normal muscle and soft tissue flexibility to assist recovery from or to help prevent injury. This form of massage works by increasing blood flow to the tissues, assisting with scar tissue breakdown, and encouraging lymphatic drainage of swelling and waste products. The effect of this is normalised soft tissue flexibility and thus improved joint mobility. Soft tissue tension affects the normal position of the joints and associated nerve tissue. Therefore it is often involved in movement imbalances, postural dysfunctions and is almost always a contributing factor in musculoskeletal pain. Sports Rehabilitation . Rehab treatment utilises the most appropriate and current techniques, including mobilisation, manipulation, soft-tissue massage and trigger point therapy and stretching. This is coupled with guided specific rehabilitation to educate, retrain, activate and strengthen the particular areas of your body to help alleviate your symptoms, achieve your identified goals and prevent future injury recurrence. Events And Training Sessions . Pre and Post event sports massage is specifically designed to help an athlete perform at their best and recover as quickly and effectively as possible after their event. Pre event massage can be carried out anytime from two days to immediately before an event. Also suitable for training sessions in football/Rugby, Triathlon Sports and any other team sports.

3. <https://www.uwtsd.ac.uk/bsc-sport-therapy/>

Alumni FAQ's. As the only Sports Therapy degree in Wales accredited by the Society of Sports Therapists, this programme is designed to educate competent practitioners in all aspects of Sports Therapy. The Graduate Sports Therapist can choose to work in private sports injury clinics or in professional/semi-professional sports within the UK or overseas. Apply via UCAS. The only sports therapy degree in Wales accredited by the Society of Sports Therapists. Upon graduating, students will have the knowledge, skills, and confidence to work as part of a team or independently as a Graduate Sports Therapist. . In addition to the main skills required of a sports therapist, students will also gain the skills required to conduct fitness and health assessments and will have the opportunity to qualify as gym instructors and personal trainers. Conducting and understanding research is also a key skill developed throughout the degree and students will be constantly challenged to critically review the latest research and conduct their own studies. In the final year, students will design and conduct their own research in a specialist area of their choice. Teaching staff are experienced Graduate Sports Therapists, having worked in professional, semi-professional, national and international sports over a number of years. Course Overview. A Graduate Sports Therapist is someone who is competent and capable of dealing with acute injuries pitchside, performing a clinical assessment to develop a diagnosis, and uses a variety of treatment methods, alongside sport-specific rehabilitation techniques, to get the athlete back to full sports participation. Students will learn in dedicated sport therapy suites. . In the first year, students will learn the fundamental skills needed in the assessment of sports injuries, together with soft tissue techniques, including sports massage and pitchside first aid. Students will also have the opportunity to work as pitchside first aiders and gain clinical experience in our sports massage clinic. Alongside these sports therapy-specific modules, students will also study applied human physiology and personal training modules. In the second year, students will be taught to complete a

full examination and assessment of an injured player and make a diagnosis, treat the injury with manual therapy techniques and rehabilitate the athlete back to full sports participation. In the final year of the programme, students will study sports trauma management, electrotherapy and will undertake 200 hours of clinical practice. These clinical hours will be supported by our on-site Sports Injury Clinic which offers Sports Therapy appointments to staff, students and the general public, under the supervision of the sports therapy team. Students are also encouraged to engage with local and national work placement providers to build an extensive portfolio of Sports Therapy Experience. .

Principles and Practice of Peripheral Joint Mobilisations. Assessment. The degree is vocational and so assessment of modules is always through written and practical assessments. These may be essays, reports, literature reviews, practical examinations, clinical based examinations and presentations. Students are expected to achieve 120 UCAS points with a focus on science-based subjects and physical education. Students are also required to have a minimum of Grade C in GCSE Mathematics, English and Science. International students are required to achieve an IELTS level 7 with no element below 6.51. Mature students without sufficient UCAS points will be considered on merit through an interview process. . Any offer of a place on the BSc (Hons) Sports Therapy programme is subject to a DBS disclosure. . Grades are important; however, our offers are not solely based on academic results. We are interested in creative people who demonstrate a strong commitment to their chosen subject area and, therefore, we welcome applications from individuals from a wide range of backgrounds. To assess student suitability for their chosen course, we normally arrange interviews for all applicants at which skills, achievements and life experience will be considered as well as qualifications. If you are considering applying for the BSc (Hons) Sports Therapy course at UWTSU, but you have a disability and are concerned about how this may impact on your ability to take part in practical classes and successfully complete the assessments, please contact the Programme Director. Career Opportunities. Students graduating from the degree will gain the title of Graduate Sport Therapists and will be eligible for full membership to the Society of Sport Therapists. They will also be able to apply for membership of the Register of Exercise professionals. As such, students are most suited to become practising Sport Therapists or health and fitness consultants. They may also progress on to postgraduate master's programmes. Additional Costs. Students will be required to purchase university tracksuit and training tops which are required in practical sessions and when working with external groups. Sports clothing (£80-£120) depending on course. Students wishing to achieve additional, vocational qualification may be charged a registration fee from the awarding body. Richard Thomas, BSc Sports Therapy Graduate. "After much consideration I decided to return to full-time education by enrolling on a new course offered by the University of Wales Trinity Saint David in Carmarthen – right on my doorstep! A degree in Sports Therapy. "It was through word-of-mouth I heard about the course and after enquiring further and talking to the course director Kate Evans and Senior Lecturer Dave Gardner I discovered it was the only Sports Therapy degree in Wales accredited by the Society of Sports Therapists. "I wanted to make sure that if I was to invest three years of my life, where I would have to sacrifice time and money and juggle being a full-time father, a part-time gardener and a full-time student, I would be suitably qualified after graduating to begin practising immediately

without having to gain further qualifications. "I knew that with the challenges ahead I would have to feel very passionate about the course if I was to sacrifice so much. I was happy to hear that after the first year we would be suitably qualified to begin practising sports massage on our own clients and therefore make some money while we studied. "Kate was passionate about the degree and I was happy knowing that there would be lots of practical aspects to the course. If I'm honest, I wasn't prepared for the academic writing and researching that was necessary – I had been out of education for some time and it was a challenge to write academic essays again – a real shock to the system! "I also found the acquisition of modern technology skills – PowerPoint presentations and statistical data analysis programmes quite daunting, however the University helped by providing study skill sessions that allowed me to gain valuable 1-1 tuition and I was brought up to speed in no time. "I have worked with the Newport Gwent Dragon's regional rugby team where course director Kate Evans is head of rehabilitation. It was amazing to work with someone of Kate's calibre – someone who has two MSc's and a BSc along with almost 15 years' experience working in professional and semi-professional rugby union. . "Her depth of knowledge and passion for the profession filtered into us as students and she challenged us both personally and professionally, clearly wanting her fledgling first year Sport Therapy graduates to succeed and follow in her footsteps! Although it may be some time before I consider a PhD, as she is currently undertaking!". You may be eligible for funding to help support your study. To find out about scholarships, bursaries and other funding opportunities that are available please visit our Scholarships and Bursaries section. Close this Window.

4. <https://www.yell.com/s/sports+massage-johnstown-carmarthen.html>

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5. <http://www.carmarthenphysio.co.uk/>

Book Online. We are now able to offer appointments at Platinum Physiotherapy – Carmarthen, however, due to the Leisure Centre being used as a field Hospital we have had to temporarily move. In the interim we will be based at Carmarthen Foot and Ankle Clinic, 16 King St, Carmarthen. Platinum Physiotherapy- Carmarthen, is ideally located to provide convenient, quality treatment and management of back and neck pain, sports injuries and other orthopaedic conditions to West Wales, including Llandeilo, Llanelli, Tenby and other local areas. All physiotherapists are not the same.... We have over fifteen years experience, having worked with both international and professional sports teams in an acute and rehabilitation setting. Carmarthen Physiotherapy & Sports Injuries Clinic was established in 2005 and we have been successfully treating patients since. Over 65% of our patients are either returning after previous successful treatment or have been recommended by previous patients, their GP or Orthopaedic Surgeons. Many of our patients have previously been treated unsuccessfully by other physiotherapists,

chiropractors or osteopaths before coming to us. If you are not getting better within four sessions then we won't just keep treating you we will tell you why and if appropriate liaise with your GP and consultant regarding further investigations. Book online. Organisation of Chartered Physiotherapists in Private Practice. Testimonials. After having acupuncture and exercises from the hospital which did not help at all, I was disillusioned with physiotherapists but when one of my daughters was treated by Leighton successfully I.... — Anon, Carmarthen. I highly recommend this physiotherapist. I came in desperation after other physio failed to help my condition or even properly diagnose the problem, as his website said he specialised in difficult.... — Linda, Tenby. I was recommended to Leighton by a friend who had been successfully treated by him previously. He helped reduce my level of pain dramatically and I will be recommending him to my friends. — Mrs R Davies, Llandeilo. Talked a lot of sense and helped me recover quickly, although I don't want to see him again I have his number on speed dial in case I do have a problem in the future. With Physio Clinics in Cardiff Bay, Llanishen and Carmarthen, Platinum Physiotherapy is ideally located to provide convenient, quality treatment and management of back and neck pain, sports injuries and orthopaedic conditions.

6. <https://www.theinjuryclinicstclears.co.uk/>

. Our approach is always research based and addresses the underlying cause to your problem. We do not just offer symptom relief. . . Our main objective is to ensure we diagnose and treat the underlying cause of your problem and not just the presenting symptoms. Treatment. The treatment used will depend on the injury or problem diagnosed. The following are some of the usual methods used at the clinic;. - We conduct a detailed case history of the condition. -We then carry out a comprehensive range of diagnostic tests. -Following this we generally mobilise the effected area by means of deep tissue massage. -By this time we can ascertain not only the injury but also to what degree it is injured. -From this stage a specific treatment plan can be implemented. -There are a wide range of treatments available including electro-massage, ultra sound, interferential and manual manipulations to increase range of motion and flexibility, thereby reducing pain and promoting recovery. . Treatments are run over a course and the normal duration is 3-5 sessions. Marked improvement is usually evident following 1 to 3 sessions. With home stretching exercises in your own time progress is much quicker, your co-operation in your recovery is absolutely paramount. . A sports therapist with over 20 years experience in the Health & Fitness industry. Initially in the military as an Army PTI dealing with the fitness and rehabilitation of soldiers after injury. Following this became a Fireman and Brigade manual handling, first aid and physical training instructor. Completed Premier Diploma in Fitness Training, Sports Therapy and Nutrition; Pre-hospital trauma life support course; Advanced sports therapy; Position Release- Leon Chaitow. I am currently enrolled in an Acupuncture course in December. As part of continuing professional development requirements I am currently undertaking "Bodymaster" Diploma course, University of Oxford. I have a passion for the outdoors and enjoy cycling, in 2015 I cycled 5,000 miles around the coast of UK, raising £10,000 for charity. Over the duration of my career I have worked closely with local rugby clubs, elite athletes as well as the general public and have found listening to the patients pays the biggest dividends in their positive outcome. . "WHERE YOU THINK PAIN

IS, THE PROBLEM IS NOT". I studied Level 3 Sports Coaching, Sport Development and Fitness at Graig College, Llanelli and then went on to . Level 5 Advanced Diploma in Clinical Sports Therapy at Active Health Group in Manchester which was a great place for me to learn all the techniques and experiences. I am currently using and developing these skills by working self employed in The Injury Clinic, St Clears. To add to my ever growing experience I am currently working with Crymych Rugby Club as a Sports Therapist and have experienced treating professional rugby players and also professional golfers. Treatment would involve testing and therefore a treatment plan which goes with the results of the testing. Techniques used in the sessions include trigger points, myofascial release, soft tissue release and mobilisation, deep transverse frictions, muscle energy techniques and also rehabilitation exercises. Electrical devices such as ultrasound or muscle stimulator can be used depending on the clients needs. . . . Please leave a message on the answer phone if we are in treatment and unable to answer your call with your name and number clearly and we will return your call as soon as possible 01994 230150.

7. <https://threebestated.co.uk/physiotherapists-in-carmarthenshire>

Expert recommended Top 3 Physiotherapists in Carmarthenshire, UK. All of our physiotherapists actually face a rigorous 50-Point Inspection , which includes local reviews, history, business standards, ratings, satisfaction, trust, price and their trading excellence. Only the bee's knees! Here's The Deal:. "Spine & Sports Physio helps to promote relaxation of muscles and the reduction in joint stiffness & pain. Their Physiotherapist Ceri Jones, qualified from The University of Wales and worked nearly exclusively in the field of musculoskeletal care in the NHS. Ceri Jones has a particular interest and compassion towards sports injury. She Spine & Sports Physio keeps up to date with recent research and progression within the profession and does so on a weekly basis. They develop new information and knowledge through critical reflection, assessment & research. Acupuncture treatment is also available." . SPECIALITY:. Lower Back Pain, Sciatica, Osteoarthritis, Headaches, Patellofemoral Pain Syndrome, Frozen Shoulder, Whiplash, Neck Pain, Plantar fasciitis, Post Operative Rehabilitation, Tendonopathy, Tennis and Golfers Elbow, Spinal Operations, Acl Reconstructions, Hip & Knee Replacements. Here's The Deal:. "Platinum Physiotherapy provides comprehensive treatment service to their clients. All their physiotherapists have over fifteen years of experience and having worked with both international and professional sports teams in an acute and rehabilitation setting. They give patients the same best practices at all stages of capacity. They always aim for excellence and provide the health care system with the most extensive physical and emotional support. Platinum Physiotherapy clinic provides flexible appointment times & free parking." . SPECIALITY:. Head and Neck, Shoulder and Arm, Wrist and Hand, Lower Back and Pelvis, Hip and Groin, Knee, Leg, Foot, Ankle, Arthritis Pain, Fractures, Ligament Injuries, Pre and Post Op Rehab, Road Traffic Accidents, Sports Injuries & Pulled Muscle. "Joint Care Clinic is one of the leading Physiotherapist clinics. It is a well-established facility with expertise in treating musculoskeletal conditions. Their Chartered Physiotherapist Mark Brownless provides treatment for sports injuries, soft tissue problems and all orthopedic conditions. They know that you want to get back to normal as soon as possible if you have an accident or are in pain. They identify the causes of your problem and give you the care and advice

you need to strengthen and hopefully prevent recurrence.". SPECIALITY:. Sports Injuries, Muscle, Tendon and Ligament Injuries, Joint Problems, Back Pain and Sciatica, Neck Pain, Arthritis, Whiplash, Orthopaedic Conditions, Pre and Post Surgical Rehabilitation, Tennis and Golfers Elbow, Frozen Shoulder, Overuse Injuries, Deep Tissue Massage, Sports Massage, Back Pain Treatment & Spinal Rehabilitation. Vets in Carmarthenshire.

8. https://www.physique.co.uk/clinics_details.asp?ClinicId=1069

Offer Actimove® Sports Edition Adjustable Thigh Support only £16.00. Offer NormaTec PULSE 2.0 Leg + Hip Recovery System only £1,295.00 was £1,595.00. Club Benefits from Physique. Amazing customer service from our friendly, knowledgeable UK based team. TrustPilot Rating Our customers love us (and we love them too!). Carmarthen Physiotherapy & Sports Injuries Clinic. Our Clinics section is intended as a reference point for customers who require information or treatment from a therapist who specialises in various treatments. As a customer you are responsible for discussing options and prices of treatments, and also for selecting a therapist to administer that treatment. Physique Management is not responsible for any claim or grievance that you may have against any individual or clinic. Core Stability. To correct many functional abnormalities it is essential that the body's "core stabilizers" are working correctly. Using the FitBall and other balance aids, you can improve your core muscles and effectively and correctly develop an exercise programme to suit anyone. Therapists who specialise in core stability would have done our FitBall Training Workshop or a similar recognised courses. Manipulation. Physiotherapy. Sports Injuries. Clinic specialising and having the facilities to diagnose and treat specific sports injuries. Emphasis in this clinic is functional rehabilitation equipment. WIN A £100 PHYSIQUE VOUCHER! SUBSCRIBE TO OUR NEWSLETTER FOR A CHANCE TO WIN!

9. <https://www.celticmassagetherapy.co.uk/>

Book an Appointment. Call Us. Please give us a call to discuss the benefits of massage therapy and to arrange an appointment. If we're busy please leave a message. Relaxing Massage. Body MOT. Sports and Remedial Massage. Massage may have many benefits to you with the busy lifestyles we all live. Massage therapy will help to relax you, smooth away aches and pains and can even be used in preparation for sporting events to invigorate athletes. Celtic Massage Therapy are also certified in Kinesiology Taping, a highly effective method of taping often seen in Sports but useful for a variety of muscular injuries. Thank you taking the time to check out our website for Celtic Massage Therapy. We offer a range of massage treatments from our base in Llanelli to clients from the surrounding areas of Carmarthen, Llanelli and Swansea. Most of the time we operate from our relaxing rural base outside of Llanelli. We are also pleased to offer our Sports Massage services to local rugby / football teams etc who are looking for an experienced therapist to provide soft tissue and sports massage treatments to the team. Fully qualified and trained in Sports First Aid to provide pitchside first aid and strapping taping. Please get in touch for full details. Member of the Sports Therapy Association. Celtic Massage Therapy are proud to be Full members of the Sports Therapy Association. Members of the STA have their qualifications and insurance checked as part of the membership criteria. COVID-19 Clinic Re-opening Important Info. In line with Welsh Government Advice we are planning to reopen the clinic

for Sports Massage Treatments on 27th July 2020. There are several important changes which we have had to implement following advice ... 16th December 2019 | CelticAdmin. You've booked your appointment, you've read lots of stories on the internet, maybe overheard some conversations down the gym.....well it's time to answer some of those questions I'm often asked by clients ahead of their... (login to see how to fix this).

10. <https://www.groupon.co.uk/biz/llanelli/ben-ventura-sports-therapy-king-street>

My Groupons. Shop All Auto & Home Appliances. Shop All Baby & Kids. Shop All Electronics. Shop All Health & Beauty. Shop All Home & Garden. Appliances Bath Bedding Floor Care & Cleaning Furniture Heating & Cooling Home Decor Kitchen & Dining. Shop All Jewellery & Watches. Shop All Toys. Arts & Crafts Bikes & Ride Ons Building Blocks & Sets Dolls & Action Figures Educational & STEM Toys Electronic Toys. Shop All Categories. All Events Music Shows & Exhibitions Sports Family & Attractions Arts & Theatre. Debenhams Deliveroo Domino's Funky Pigeon Harvester House of Fraser. JD Sports Just Eat Matalan Missguided Tesco Black Friday Sky Black Friday. Ben Ventura Sports Therapy is a massage and injury rehabilitation clinic, based in Narberth and Carmarthen. They have a wide range of services, including sport, pre- and post-event massages, recovery and Myofacial release, as well as injury prevention and trigger point therapies. Electrolysis Hair Removal in Cardiff. Privacy Center Contact Us FAQ Modern Slavery Act Statement Discount Codes Students UK Tax Strategy UK accounts Gender Pay Gap Product Safety Notices Report Infringement. Groupon is an easy way to get huge discounts while discovering fun activities in your city. Our daily local deals consist of restaurants , spas , hotels , massages , shopping vouchers , things to do , and a whole lot more, in hundreds of cities across the world. Discover the best gift ideas with Groupon: check out great deals for Black Friday , Gifts for Him , Gifts for Her , Gifts for Couples , Birthday Gifts , Gifts for Mothers and Affordable Gifts . Get up to 20% Extra Off Your First Deal*. Continue. Yes, I want to save money by receiving personalised Groupon emails with awesome deals. By subscribing I agree to the Terms of Use and have read the Privacy Statement . No Thanks. *Valid on max 1 deal chosen from the Local or Getaways categories. New customers only. Max discount £20. Exclusions apply.

knee injury

1. <https://www.medicalnewstoday.com/articles/319324>

Prevention. Knee injuries commonly send people to the doctor's office. In 2010, more than 10 million visits to the doctor's office occurred due to knee pain and injury. Most of these visits were due to the same common problems. Knee injuries can often be treated at home, but some are serious enough to need surgical intervention. Ten common knee injuries. The knee is a complicated joint. It moves like a door hinge, allowing a person to bend and straighten their legs so they can sit, squat, jump, and run. tendons. The femur, commonly known as the thighbone, is at the top of the knee joint. The shinbone, or tibia, makes up the bottom of the knee joint. The patella or kneecap covers the meeting point between the femur and tibia. The cartilage is the tissue that cushions the bones of the knee joint, helping ligaments slide easily over the bones and protecting the bones from impact. There are four ligaments in the knee that act similarly to ropes, holding the bones together and

stabilizing them. Tendons connect the muscles that support the knee joint to bones in the upper and lower leg.

1. Fractures. Any of the bones in or around the knee can be fractured. The most commonly broken bone in the joint is the patella or kneecap. High impact trauma, such as a fall or car accident, causes most knee fractures. People with underlying osteoporosis may fracture their knees just by stepping the wrong way or tripping. The anterior cruciate ligament (ACL) runs diagonally down the front of the knee, providing critical stability to the joint. Injuries to the ACL can be serious and require surgery. ACL injuries are graded on a scale from one to three. A grade 1 sprain is a mild injury to the ACL, while a grade 3 refers to a complete tear. Athletes who participate in contact sports such as football or soccer often injure their ACLs. However, contact sports are not the only cause of this injury. Improperly landing from a jump or quickly changing the direction of motion can lead to a tear in the ACL.
3. Dislocation. Dislocating the knee happens when the bones of the knee are out of their proper placement and alignment. In a knee dislocation, one or more of the bones may slip out of place. Structural abnormalities or traumas, including car accidents, falls, and contact sports, can cause a knee dislocation.
4. Meniscal tears. When people refer to torn cartilage in the knee, they are probably talking about a meniscal tear. The menisci are two rubbery wedges of cartilage between the thighbone and shinbone. These pieces of cartilage can tear suddenly during sporting activities. They may also tear slowly due to aging. When the meniscus tears due to the natural aging process, it is referred to as a degenerative meniscus tear. With a sudden meniscus tear, a pop may be heard or felt in the knee. After the initial injury, pain, swelling, and tightness may increase over the next few days.
5. Bursitis. Bursae are small fluid-filled sacs that cushion the knee joints and allow the tendons and ligaments to slide easily over the joint. These sacs can swell and become inflamed with overuse or repeated pressure from kneeling. This is known as bursitis. Most cases of bursitis are not serious and can be treated by self-care. However, some instances may require antibiotic treatment or aspiration, which is a procedure that uses a needle to withdraw excess fluid.
- Tendonitis or inflammation in the knee is known as patellar tendinitis. This is an injury to the tendon that connects the kneecap to the shinbone. The patellar tendon works with the front of the thigh to extend the knee so a person can run, jump, and perform other physical activities. Often referred to as jumper's knee, tendonitis is common among athletes who frequently jump. However, any physically active person can be at risk of developing tendonitis.
7. Tendon tears. Tendons are soft tissues that connect the muscles to the bones. In the knee, a common tendon to be injured is the patellar. It is not uncommon for an athlete or middle-aged person involved in physical activities to tear or overstretch the tendons. Direct impact from a fall or hit may also cause a tear in the tendon.
8. Collateral ligament injuries. Collateral ligaments connect the thighbone to the shinbone. Injury to these ligaments is a common problem for athletes, particularly those involved in contact sports.
9. Iliotibial band syndrome. Iliotibial band syndrome is common among long-distance runners. It is caused when the iliotibial band, which is located on the outside of the knee, rubs against the outside of the knee joint. Typically, the pain starts off as a minor irritation. It can gradually build to the point where a runner must stop running for a period to let the iliotibial band heal.
10. Posterior cruciate ligament injuries. The posterior cruciate ligament is located at the back of the knee. It is one of the many ligaments that connect the

thighbone to the shinbone. This ligament keeps the shinbone from moving too far backward. An injury to the posterior cruciate requires powerful force while the knee is in a bent position. This level of force typically happens when someone falls hard onto a bent knee or is in an accident that impacts the knee while it is bent. When to see a doctor. If knee pain becomes chronic, is severe, or lasts for more than a week, a person should consult a doctor. It is important to see a doctor if there is a reduced range of motion in the joint or if bending the knee becomes difficult. Treatment will vary based on the cause of the knee pain and the specifics of the injury. In cases of strain or overuse injuries, rest and ice will typically allow the knee to heal over time. Treatment may also involve managing pain and inflammation with medication. In most cases, a person will need to rest for a period of time. Tears or other trauma-induced injuries may require bracing, popping the knee back into place, or surgery. In the case of surgery, a person will likely not be able to use the knee after the procedure and may need either crutches or a wheelchair while recovering. In some cases, physical therapy may be needed to help a person regain movement and strength in their knee and leg. Prevention. Preventing knee injuries is not always possible, but a person can take precautions to reduce the risk. For instance, people who run or play sports should wear the appropriate shoes and protective gear. In cases of iliotibial band syndrome and overuse injuries, a person may want to consider reducing the number of miles they run. Certain exercises also help strengthen the smaller leg muscles, which may help prevent injury. Finally, stretching before and after exercise can help prevent injury to the knees. Proper nutrition, especially for athletes, is also important. Protein, calcium, and vitamin D are essential for maintaining healthy bones, muscles, and ligaments.

First Aid. Medically reviewed by Gregory Minnis, DPT. Patellar tendonitis involves small tears in the tendon that connects the kneecap to the shin. Learn more about this injury common in athletes who jump. Medically reviewed by William Morrison, M.D. Pain in the back of the knee can have many causes, including Baker's cyst and muscle injuries. Learn more about causes, how to treat it, and outlook. Medically reviewed by William Morrison, M.D. Learn about the causes of inner (medial) knee pain, treatments, and exercises you can do at home to strengthen the knee and relieve pain. Medically reviewed by William Morrison, M.D. Knee effusion or water on the knee happens when fluid builds up in or around the knee joint, causing swelling and pain. It can be caused by arthritis.... Knee osteoarthritis: What's the best weight loss plan? Weight loss is known to reduce osteoarthritis symptoms and signs. But which weight loss regimen is best? New research investigates. Terms. © 2004-2020 Healthline Media UK Ltd, Brighton, UK, a Red Ventures Company. All rights reserved. MNT is the registered trade mark of Healthline Media. Any medical information published on this website is not intended as a substitute for informed medical advice and you should not take any action before consulting with a healthcare professional. © 2004-2020 Healthline Media UK Ltd, Brighton, UK, a Red Ventures Company. All rights reserved. MNT is the registered trade mark of Healthline Media. Any medical information published on this website is not intended as a substitute for informed medical advice and you should not take any action before consulting with a healthcare professional.

2. https://www.medicinenet.com/knee_injury_and_meniscus_tears/article.htm

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Exercises. Types of common knee injuries include sprains , strains , bursitis , dislocations, fractures , meniscus tears, and overuse injuries. Knee injuries are generally caused by twisting or bending force applied to the knee, or a direct blow, such as from sports, falls, or accidents. Risk factors for knee injury include overuse, improper training, having osteoporosis , and playing high-impact sports that involve sudden changes in direction. The main signs and symptoms of knee injury are knee pain and swelling. Knee injuries are diagnosed by a history and physical examination. Sometimes an X-ray or MRI may be done. Treatment of knee injuries depends on the type and severity of the injury and can involve RICE therapy (rest, ice, compression, elevation), physical therapy, immobilization, or surgery. Prognosis for knee injury depends on the type and severity of the injury and the need for physical therapy or surgery. Prevention of knee pain and injuries involves proper training, proper equipment, and maintaining a safe playing field or home environment to avoid falls. With an acute injury, the patient often describes that they heard a loud pop and then developed intense pain in the knee. The pain makes walking or weight-bearing very difficult. The knee joint will begin to swell within a few hours because of bleeding within the joint, making it difficult to straighten the knee. If left untreated, the knee will feel unstable and the patient may complain of recurrent pain and swelling and giving way, especially when walking on uneven ground or climbing up or down steps. Read more about torn ACL symptoms and treatment ».

Share Your Story. The knee is one of the most commonly injured parts of the body. Sports, falls, and motor-vehicle accidents account for the vast majority of knee pain and injuries to the knee. The different types of common knee injuries to the knee are defined by the affected anatomy of the knee and the mechanism by which it's injured. Knee sprains are injuries to the ligaments that hold the knee together. There are multiple ligaments that stabilize the knee and keep it in alignment. The anterior cruciate ligament (ACL) and the posterior cruciate ligament (PCL) stabilize the knee in movement from front to back and cross each other in the middle of the knee joint . The medial collateral ligament (MCL) and lateral collateral ligament (LCL) stabilize the knee so that the bones do not slide from side to side. Ligament sprains are graded by the amount of stretching or tearing of the ligament fibers and how much instability it causes as follows:.

Grade 1 knee sprain: The ligament is stretched and painful, but fibers are not torn and no instability is present. Grade 2 knee sprain: The ligament fibers are torn partially, mild instability may be evident. Knee strains occur when tendons or muscles surrounding the knee are stretched, usually due to hyperflexion or hyperextension of the knee. These strains can lead to pain outside of the knee joint but can cause dysfunction of the normal range of motion of the knee. The patellar tendon stretches from the lower kneecap to the front of the tibia bone at the front of the leg. Knee bursitis occurs when a fluid-filled pouch (called a bursa) in the knee is irritated, inflamed, or infected. Bursas are fluid-filled sacs located around joints that act as shock absorbers that minimize the friction between various tissues, such as the muscles and tendons around the joints. In the knee, there are two main bursas, one above the kneecap (patella), and one below the knee joint near the front of the tibia bone. Tears of the meniscus can occur from damage to the inside of the knee. The medial and lateral menisci (plural of meniscus) are semi-round, articular cartilage that act as

shock absorbers and smooth cushions for the thighbone (femur). These menisci can be injured acutely or can become dysfunctional gradually due to overuse and/or aging . Knee joint dislocation can occur due to high-impact, large-force injuries to the knee (sports, motor vehicle accidents). This is a rare injury but causes severe damage to all the anatomical components of the knee and can include damage to the blood vessels and nerves about the knee. This requires emergency treatment or surgery. The kneecap (patella) can dislocate to the side of the knee. Patellar dislocation can be very painful but is generally not life-threatening and can be treated by popping it back into place (reduction of the patella), splinting, and physical therapy. Knee fractures occur from direct blows to the bones. Patella, or kneecap, fractures occur when a person falls directly down onto the knees and the kneecap cracks due to the force. Collapse of the top of the tibia bone in the knee (tibia plateau fracture) can occur from sudden compression injury to the knee, especially in people with osteoporosis . Other fractures of the long bones (fibula, tibia, and femur) are rare with isolated injuries to the knee. Other overuse injuries of the knee include patellofemoral pain syndrome (often referred to as "runner's knee," which causes pain on the front of the knee) and weakness and degeneration of the cartilage under the kneecap (chondromalacia patella). These injuries are due to an accumulation of repetitive damage to the knee structures. Congenital knee problems or improper mechanics of the knee movement may cause this. Osteochondritis dissecans is a joint disorder that occurs most commonly in children. Bone and cartilage beneath the joints loses its blood supply, resulting in joint pain and stiffness . This condition typically affects the knees, but it can also affect other joints such as elbows and ankles. Osgood-Schlatter disease is a condition in children caused by growth spurts that cause knee pain and swelling below the kneecap. Share Your Story. Most knee injuries are caused by an external force bending or twisting the knee in a manner that it was not anatomically designed for. Common causes of knee injuries are from a twisting mechanism from falls, sports, or accidents. A twisted knee can cause damage to the ligaments and cartilage. High-force injuries such as sports-related injuries and motor vehicle accidents can disrupt multiple parts of the knee anatomy, causing multiple types of knee injuries. Bursitis can be caused by overuse, arthritis , degenerative joint disease , injuries from kneeling, infection, or gout . High-impact sports, including running , basketball, football, hockey, soccer, cycling , and others, can increase the risk of knee pain and injury. Sports where shoes with cleats are worn and sharp, sudden changes in direction are made, along with contact sports, are common risks for knee injury. Exercise , such as high-impact cardiovascular activity or yoga , can also cause knee injury. The elderly may be at higher risk for knee injury due to falls and osteoporosis . Women may be at higher risk for anterior cruciate ligament injuries (ACL) and patellar injuries. This is due to the anatomy of a woman's hips and femur and the angle at which the knee is tilted. This can lead to chondromalacia patella (CMP), an inflammation or irritation of the underside of the patella. Being overweight can be a risk factor for knee injury, as excess weight puts more stress on the lower extremity joints. Overuse and overtraining, improper or insufficient training for a sport, or not properly rehabilitating acute injuries can also predispose a person to knee injuries. Share Your Story. The symptoms and signs of knee injury are related to the type of injury and the part of the knee that was injured. Bruising. If the injury is acute, the main symptoms will most likely be knee pain and swelling. If the injury is chronic or from

overuse, the symptoms of clicking, popping, and intermittent pain will be more prominent. A knee injury may first be examined and treated by a primary care provider (PCP), such as a family practitioner, an internist, or a child's pediatrician. If you go to the emergency room for your knee injury, you will be seen by an emergency medicine specialist. If the knee injury is severe, you may be referred to an orthopedist (a specialist in injuries of the musculoskeletal system) or an orthopedic surgeon. If your knee injury is related to sports, you may see a sports medicine specialist. Other medical professionals who may be involved in treating your injured knee include physical therapists, occupational therapists, or other rehabilitation specialists. The diagnosis of a knee injury is made by a physician on the basis of history, physical examination, and sometimes the use of X-rays or MRIs . Depending on the how the knee was injured and whether or not there are accompanying medical issues, the doctor will perform specific tests involving bending or twisting the knee to test the stability of the ligaments and check for damage to the cartilage. Knee-bending tests done by your doctor are designed to isolate specifically which ligament or part of the cartilage has been damaged. Further testing with X-rays , CT scans , or MRIs may be necessary to evaluate the extent of the injury and help determine treatment and prognosis. X-rays and CT scans are used to asses for bony injuries (fractures), and MRIs are used to evaluate soft-tissue damage (ligaments and cartilage). IMAGES. Knee Injury See a medical illustration of the knee's anatomy plus our entire medical gallery of human anatomy and physiology See Images. Share Your Story. Treatment for a knee injury depends on the part of the knee that is damaged and the extent of the damage. Some injuries such as simple strains or sprains are treated with home remedies such as RICE therapy (rest, ice, compression, and elevation). Taking time off from sports and exercise may be enough for minor injuries and knee pain to heal. Over-the-counter nonsteroidal anti-inflammatories (NSAIDs) such as ibuprofen (Advil , Motrin) or naproxen (Aleve) may help treat the pain and inflammation from these minor injuries. Chronic knee injuries may respond to heat therapy. Inability to bear weight on the knee. Deformity of the knee. What is the medical treatment for a knee injury? More serious knee injuries require medical care. Knee immobilization or splinting keeps the knee from moving and decreases the chance of further injury. Immobilizing the knee can help stabilize an injured knee that may not be stable due to torn ligaments. It also keeps the knee from moving to assist in resting the knee. Chronic knee injuries involving inflammation and bursitis may be treated with anti-inflammatories. Injections of cortisone (a steroid with powerful anti-inflammatory effects) may be helpful in these situations. More extensive injuries involving torn ligaments, instability of the knee joint, swelling, decreased range of motion, or fractures will require an orthopedic surgeon consultation. In the initial stages of these more extensive injuries, RICE therapy can still be used. Staying off the leg by using crutches or a wheelchair may be advised. Surgery may be indicated for tears of the ligaments or extensive meniscal tears. Surgery may also be needed for fractures or dislocations of the knee. Some acute injuries such as those with high-force impact, or multiple parts of the knee damaged, may require emergency surgery. Most knee surgery can be done by arthroscopy , a procedure in which a camera is used and small punctures are made in the knee to insert instruments. Repairs can be done inside the knee without having to open the knee with a large incision. Most arthroscopic surgeries do not need to be done immediately after an acute injury. Some are

delayed to allow for decreased inflammation. After surgery, or if surgery is not an option, physical therapy can be used to strengthen and stretch the muscles surrounding the knee. Physical therapy can also allow for better movement mechanics of the leg and the knee to help prevent future injury. By clicking Submit, I agree to the MedicineNet's Terms & Conditions & Privacy Policy and understand that I may opt out of MedicineNet's subscriptions at any time. During physical therapy for rehabilitation of a knee injury, the patient will be given specific exercises by the physical therapist in order to strengthen and stabilize the knee joint. These exercises include strengthening the front of the thigh (quadriceps), back of the thigh (hamstrings), calf, and hip. Consult your doctor and your physical therapist before starting any exercise program. Your physical therapist should insure you perform the exercises properly before doing them on your own. The American Academy of Orthopedic Surgeons (AAOS) has an exercise guide that includes directions and pictures. Consult your doctor or physical therapist before trying any of these exercises on your own. These exercises can further stress already damaged knee joints. Share Your Story. The recovery time for a knee injury depends on the type and severity of the injury. If the injury is significant enough to require surgery and/or physical therapy, the recovery time will be longer. Simple strains or sprains can last for one to two weeks. More extensive injuries requiring arthroscopic surgery may take one to three months to heal. Following the doctor's instructions for rest, immobilization, staying off your feet , and avoiding exercise that aggravates the injuries will help speed recovery. Physical therapy can also speed recovery time. It is important to follow directions of your physical therapist to insure you are doing the exercises correctly and attaining the best results. Chronic knee injuries that do not require surgery may flare up from time to time. Physical therapy, anti-inflammatory medications, and cortisone injections are used to provide temporary relief. What is the prognosis of a knee injury? The prognosis of a knee injury depends on the type and severity of the injury. Most minor knee injuries (strains, minor sprains) heal on their own with conservative treatment. The prognosis for these types of injures is good. Ligament or cartilage injuries that lead to dysfunction or instability of the knee may require surgery. These injuries generally respond well to surgery and patients can ultimately gain full or nearly full range of knee motion. What are complications of knee injuries? Knee injuries are rarely life-threatening, though severe injuries may be disabling. Some knee injuries lead to chronic, irreversible damage to the knee and may result in complications such as long-term dysfunction. Knee-joint dislocations can cause blood vessel injuries and can lead to severe disability. Share Your Story. Train properly for your sport and do not over train. Wear knee braces and pads if required by your sport or suggested by your doctor. Treat osteoporosis if you have it. For specific information on prevention of anterior cruciate ligament (ACL) injury, check out the ACL Prevention Project training program by the Santa Monica Orthopaedic and Sports Medicine Foundation. It is a 15-minute training session that consists of a warm-up, stretching, strengthening, plyometrics , and sport specific agility training. American Academy of Orthopaedic Surgeons. "Common Knee Injuries." Mar. 2014. <<https://orthoinfo.aaos.org/en/diseases--conditions/common-knee-injuries/>>. American Academy of Orthopaedic Surgeons. "Knee Arthroscopy Exercise Guide." Feb. 2017. <<http://orthoinfo.aaos.org/topic.cfm?topic=a00300>>. American Academy of Orthopaedic Surgeons. "Osgood-Schlatter Disease (Knee Pain)." May 2015.

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Arthroscopy. During arthroscopy, a tube-like viewing instrument (called an arthroscope) is used to examine the internal structure of a joint for diagnosis or treatment. Arthroscopy is useful when attempting to diagnose or treat various types of arthritis and joint injuries. This surgical procedure may often be performed in an outpatient setting.

Broken Bone. comminuted. Symptoms of a broken bone include pain at the site of injury, swelling, and bruising around the area of injury. Treatment of a fracture depends on the type and location of the injury.

CT Scan (Computerized Tomography). A CT scan is an X-ray procedure that combines many X-ray images with the aid of a computer to generate cross-sectional and three-dimensional images of internal organs and structures of the body. A CT scan is a low-risk procedure. Contrast material may be injected into a vein or the spinal fluid to enhance the scan.

CT Scan vs. MRI. CT scan (computerized tomography) is a procedure that uses X-rays to scan and take images of cross-sections of parts of the body. CT scan can help diagnose broken bones, tumors or lesions in areas of the body, blood clots in the brain, legs, and lung, and lung infections or diseases like pneumonia or emphysema.

MRI (magnetic resonance imaging) is a procedure that uses strong magnetic fields and radiofrequency energy to make images of parts of the body, particularly, the organs and soft tissues like tendons and cartilage. Both CT and MRI are painless, however, MRI can be more bothersome to some individuals who are claustrophobic, or suffer from anxiety or panic disorders due to the enclosed space and noise the machine makes.

Knee Bursitis. Bursitis of the knee results when any of the three fluid-filled sacs (bursae) become inflamed due to injury or strain. Symptoms include pain, swelling, warmth, tenderness, and redness. Treatment of knee bursitis depends on whether infection is involved. If the knee bursa is not infected, knee bursitis may be treated with ice compresses, rest, and anti-inflammatory and pain medications.

Knee Pain. Acute injuries, medical conditions, and chronic use conditions are causes of knee pain. Symptoms and signs that accompany knee pain include redness, swelling, difficulty walking, and locking of the knee. To diagnose knee pain, a physician will perform a physical exam and also may order X-rays, arthrocentesis, blood tests, or a CT scan or MRI. Treatment of knee pain depends upon the cause of the pain.

MRI (Magnetic Resonance Imaging Scan). MRI (or magnetic resonance imaging) scan is a radiology technique which uses magnetism, radio waves, and a computer to produce images of body structures. MRI scanning is painless and does not involve X-ray radiation. Patients with heart pacemakers, metal implants, or metal chips or clips in or around the eyes cannot be scanned with MRI because of the effect of the magnet.

Obesity. Obesity is the state of being well above one's normal weight. A person has traditionally been

considered to be obese if they are more than 20% over their ideal weight. That ideal weight must take into account the person's height, age, sex, and build. Osteoporosis. Learn about osteoporosis, a condition characterized by the loss of bone density, which leads to an increased risk of bone fracture. Unless one experiences a fracture, a person may have osteoporosis for decades without knowing it. Treatment for osteoporosis may involve medications that stop bone loss and increase bone strength and bone formation, as well as quitting smoking, regular exercise, cutting back on alcohol intake, and eating a calcium- and vitamin D-rich balanced diet. Pain Management: All About Your Knees. They do their job so well that you might take them for granted. Learn how they're put together, what can go wrong with them, and what you can do about it when something does. Sports Injuries Slideshow. Learn about common sports injuries types, treatments, and prevention. Can you heal a pulled muscle in the back, neck, lower back or chest? See how to prevent strains, sprains, and tears with proper form, stretching, and more. Torn Meniscus Picture. The knee is a joint where the bone of the thigh (femur) meets the shinbone of the leg (tibia). See a picture of Torn Meniscus and learn more about the health topic. What Are the Different Types of Knee Injections? Knee injection is a procedure in which medications are injected into the knee joint to treat the pain due to various causes. There are different types of knee injections. The most common type of intra-articular knee injection is corticosteroids. Other agents used are hyaluronic acid, infliximab, Botox (botulinum neurotoxin), and platelet-rich plasma (PRP). Knee injection is a relatively quick procedure and may be performed under local anesthesia to avoid pain. ©1996-2020 MedicineNet, Inc. All rights reserved. Terms of Use.

3. <https://www.nhs.uk/conditions/knee-pain/>

Knee pain can often be treated at home. You should start to feel better in a few days. See a GP if the pain is very bad or lasts a long time. put as little weight as possible on the knee – for example, avoid standing for a long time. use an ice pack (or bag of frozen peas wrapped in a tea towel) on your knee for up to 20 minutes every 2 to 3 hours. it does not improve within a few weeks. you cannot move your knee or put any weight on it. Information:.. Coronavirus update: how to contact a GP. Find out about using the NHS during coronavirus. your knee is very painful. your knee is badly swollen or has changed shape. you have a very high temperature, feel hot and shivery, and have redness or heat around the knee – this can be a sign of infection. 111 will tell you what to do. They can tell you the right place to get help if you need to see someone. Urgent treatment centres are places you can go if you need to see someone now. They're also called walk-in centres or minor injuries units. Knee pain can be a symptom of many different conditions. They might:.. prescribe medication or physiotherapy. Use these links to get an idea of what can be done about knee pain. But do not self-diagnose – see a GP if you're worried. sprains and strains. tendonitis. torn ligament, tendon or meniscus, cartilage damage. Osgood-Schlatter's disease. osteoarthritis. bursitis. bleeding in the joint.

4. <https://www.bupa.co.uk/health-information/knee-clinic/knee-conditions/knee-ligament-injury>

Next review due October 2021. Knee injuries can cause pain, swelling and instability (the feeling that your knee is going to give way). They're often caused by ligament damage. Your knee ligaments are bands of tissue that help to keep your knee stable by holding the bones together. You can also hurt other tissues around your knee, such as your cartilage and tendons.

Knee ligament injuries. You have two sets of ligaments in your knee. The collateral ligaments run down either side of your knee, while the cruciate ligaments lie inside your knee. If different ligaments get damaged, this can lead to different types of knee ligament injuries. Collateral ligament injuries – the medial collateral ligament (MCL) is on the inner side of your knee and the lateral collateral ligament (LCL) is on the outer side. They limit how much your knee can move from side to side. You can sprain or tear your MCL if your lower leg gets forced outwards from a direct blow to the side. This may happen when you're skiing. Your LCL is less likely to be injured but may be damaged if your lower leg gets forced inwards. Both ligaments may also be damaged if your knee twists too far outwards.

Cruciate ligament injuries – cruciate means cross-shaped. Your anterior cruciate ligament (ACL) and posterior cruciate ligament (PCL) form a cross inside your knee. They help to keep your knee stable by controlling how much it moves backwards and forwards. ACL injuries are one of the most serious types of knee injury. They often happen when you twist your knee, such as when you land on your leg then quickly turn. You may get this type of injury when you're playing football or basketball. Your PCL may get damaged if you fall on your knee while it's bent. Another typical way of damaging your PCL is when your knees hit the dashboard during a car accident. If you've damaged one of your ligaments, a doctor may grade your knee ligament injury to show how bad it is. This will help to work out how it needs to be treated and how long it will take to heal. Grade 1 is a stretch of the ligament without tearing it. Grade 2 is a partial tear of the ligament. Grade 3 is a complete tear through the ligament.

Other soft tissue injuries. You can damage other soft tissues around your knee, such as your cartilage and tendons. Soft tissue means any tissue in your body that isn't bone.

Cartilage injuries – tearing a meniscus (one of the wedge-shaped pieces of cartilage lying inside your knee) is one of the most common knee injuries. It's what people usually mean when they say they have a 'torn cartilage' in their knee. You can damage a meniscus if you play a sport that involves twisting, such as football or basketball. But this can also happen to runners, tennis players and skiers. As you get older, your menisci may become worn. This makes them more likely to tear during your normal daily activities. Your knee also has cartilage covering the parts of your bones that lie inside the joint. This articular cartilage can become damaged too, often at the same time as the other soft tissue injuries.

Tendon injuries – if you're a regular runner or take part in sports where you jump a lot, you may damage the tendons that attach muscles to your knee. You can irritate or tear the tendon that connects your kneecap (patella) to your thigh muscle. This tendon is called the quadriceps tendon. Or you may irritate soft tissue around your kneecap, including the patellar tendon just below your kneecap (jumper's knee).

Symptoms of knee injuries. You may also: feel or hear a popping or snapping when the knee ligament injury happens. find that you can't put your full weight on the leg with the torn ligament. If you injure a meniscus in your knee, you may: feel severe pain and your knee may swell after a few hours. have a 'locked' knee that you can't move in the usual way. still be able to walk a little on the leg where you have the knee injury. If you've torn

your tendons, you may notice some pain and swelling. You may also find that: your kneecap is lying higher or lower than it should be. you won't be able to straighten your knee. If you've injured your knee and your pain is mild or moderate or has come on gradually, visit your GP or physiotherapist. If you've hurt your knee in an accident, your pain is very bad or your knee is badly swollen, go to your nearest A&E department. You can access a range of treatments on a pay as you go basis, including physiotherapy. Find out more >. **Diagnosis of knee injuries.** Your doctor will ask about your symptoms and check your knees. They may feel for fluid in your knee joint by pressing gently around your kneecap. They'll also ask you to describe how you hurt yourself, where your pain is and what type of pain it is. Your doctor may ask you to walk, sit or lie down. This is so they can test for any injury to your knee ligaments or soft tissues. They'll bend and straighten your knee and move your leg into different positions. If your doctor believes that your knee injury will heal better with surgery, they'll refer you to an orthopaedic surgeon. This is a doctor who specialises in bone surgery. An X-ray or CT scan – this can check for a broken bone (fracture) or arthritis. An MRI scan – this is useful if your doctor is not sure about the diagnosis. It may help to show up damage to the cartilage or soft tissues of your knee after an injury. **Knee arthroscopy** – your surgeon may look inside your knee using a telescope attached to a tiny camera. This can help to show if there's damage to a meniscus, cartilage or ligament. Your doctor may treat your damaged knee at the same time as doing the arthroscopy. A doctor or physiotherapist may suggest several different treatments, depending on what you've done to your knee and how bad the damage is. It's frustrating, but it's important to be patient while you recover – your injury may take time to fully repair itself. You may not be able to do all the things you're used to doing for some time. **Self-help for knee injuries.** Protect your knee from further harm. **Optimal loading** It's important to start moving the muscle again sooner rather than later. Remember to only do what feels comfortable and speak to a physiotherapist for further advice. **Ice the painful area** with a cold compress, such as ice or a bag of frozen peas wrapped in a towel. Do this for 20 minutes every two hours during the day for the first two to three days. Don't put ice directly onto your skin as this can damage it. **Compress the joint** with a simple elastic bandage or elasticated tubular bandage to support your knee and help decrease swelling. Don't leave the bandage on while you sleep. **Elevate your knee** by raising it above the level of your heart, keeping it supported. There are certain things you shouldn't do in the first three days after your injury so you don't cause any more damage to your knee. You can remember these as HARM. **Heat** – don't take hot baths, showers or saunas or use a heat pack. **Alcohol** – don't drink alcohol as this can increase bleeding and swelling in your affected knee. **Running or other forms of exercise** – these may cause further damage. **Medicines for knee injuries.** Paracetamol is the best medicine to ease your pain if you have a knee injury. You can buy it over the counter from pharmacies. Over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can help to reduce inflammation and swelling, as well as ease pain. But you shouldn't take oral NSAIDs (tablets or capsules) for the first two days after your injury because they may delay healing. You can buy NSAID gels, creams and sprays that you can put directly onto your skin as soon as you've injured yourself. Your doctor may prescribe stronger painkillers containing codeine if your pain is very bad. Always read the patient information that comes with your medicine

and if you have questions, ask your pharmacist or doctor for advice. Physiotherapy for knee injuries. If your injury is more severe, or it doesn't seem to be improving over time, your GP may refer you to a physiotherapist. A physiotherapist is a healthcare professional who specialises in movement and mobility. You can also choose to see a physiotherapist privately. A physiotherapist will create a programme of exercises to gradually strengthen your knee so you can move it normally again. The exact exercises will depend on how you've injured yourself, and how badly. But you'll probably be given exercises to do every day at home, as well as at your physiotherapy appointments. Surgery for knee injuries. For some knee injuries, your doctor or physiotherapist may refer you to an orthopaedic surgeon. The surgeon may recommend that you have surgery to repair the damage to your knee – especially if other treatments haven't worked. You've torn your anterior cruciate ligament (ACL), especially if you do a lot of sport or have also torn a meniscus. ACL reconstruction involves taking a piece of tendon (usually from your patella tendon or hamstring) to replace the damaged ligament. Your knee is still painful or locks after an injury to your meniscus. Your surgeon may repair or partially remove your damaged meniscus. You've injured your medial collateral ligament (MCL) and it hasn't healed after three months of non-surgical treatment. Your surgeon may repair or reconstruct your MCL. You may be able to have a type of keyhole surgery called knee arthroscopy to get to the damaged area of your knee. You may hurt your knee if:

- you bang your knee so it moves beyond its usual range of movement – this may happen during a fall or if you land awkwardly.
- you play a sport such as football that combines running, jumping and stopping with quick changes of direction.
- you twist your knee, especially in certain sports, such as football or basketball.
- your knees hit the dashboard in a car accident, which can damage your posterior cruciate ligament.
- you have osteoarthritis of your knees, as this may damage your ligaments and cartilage as well as your bone.

you're not taking precautions when you exercise. This includes not warming up before you do anything active or cooling down afterwards. Prevention of knee injuries. There are several precautions you can take to try to reduce your chances of damaging your knee ligaments. This will help to avoid other sports injuries too. Exercise regularly to keep your fitness levels up, and include some resistance training (training with weights). Regular exercise means your muscles are stronger and more flexible, so they can support your joints, including your knees. If you haven't been active for a while, start off gently and gradually increase the number, length and intensity of your exercise sessions. Warm up before you exercise, and cool down afterwards. Spend five to 10 minutes warming up before doing any exercise to increase blood flow to your muscles and reduce the chance of an injury. Wear the right footwear. If you have well-fitting shoes that are designed for the activity you're doing, they'll support your foot and ankle and help to prevent injury. There are many different models of trainers available and it's important to find some that fit well and offer the support and cushioning you need. If you're not sure, it's a good idea to visit a specialist sports shop and ask for advice. Wear comfortable clothing, so you can move your knees easily without any restrictions. Expand all. How quickly do knee ligament injuries heal? How quickly do knee ligament injuries heal? Your healing and recovery time depends on which part of your knee you've injured and how badly it's affected. If you have slightly sprained your medial collateral ligament (MCL), you may be able to go back to sport again in two to three weeks.

But if your MCL sprain is a bad one, this can take up to 12 weeks. You may even need to wear a knee brace to protect your knee and have physiotherapy for three months or longer. You may also still have some pain afterwards and may be prone to injuring yourself again. If you have surgery to repair your injury, it can take up to 12 months to get back to your previous levels of activity. You're likely to return to sports involving little or no contact (such as gymnastics or basketball) more quickly than contact sports (such as rugby). Returning to sports and other physical activities too quickly may mean you're more likely to hurt yourself again. So always follow your doctor or physiotherapist's advice and exercise recommendations.

Can arnica help with my knee injury? Can arnica help with my knee injury? Some people use arnica for soft tissue injuries such as sprains and strains. Arnica has been used for centuries as a homeopathic (very, very diluted) remedy that you put in your mouth. It's also been used as a herbal remedy, in the form of creams, gels or ointments that you put directly on your skin. Some medical research has shown that putting arnica on your skin may help a little to ease sore joints. But arnica can cause more side-effects than topical painkillers, such as ibuprofen, and more research is needed. So doctors don't usually recommend people use arnica products.

Does osteoarthritis make me more likely to get a knee injury? Does osteoarthritis make me more likely to get a knee injury? If you have osteoarthritis, the muscles around your knee joint can weaken. This may make you more likely to injure your knee. You may not also put your full weight on your knee, which means you're more likely to fall over. By keeping active and regularly exercising your knees, you can strengthen your muscles to help prevent injuries. Exercise may also ease your knee pain so you're more likely to keep moving and exercising your joints regularly. The NHS recommends people do at least 30 minutes of moderate-intensity exercise on at least five days each week. But if this is too much for you, even just five to ten minutes at a time can help to strengthen your joints and benefit your health. Aim to do a combination of different types of exercise. Strengthening exercises – these will help to strengthen the muscles around your joints. Aerobic exercise – this increases your heart rate and makes you slightly out of breath. Examples include swimming, cycling and walking, but even daily activities such as housework and gardening are types of aerobic exercise too. Aerobic exercise can ease your arthritis symptoms and help you keep your weight under control. This means your knee problems may be less likely to get worse in the future.

Range-of-movement exercises and stretches – these may help to keep you flexible and mobile. You move your joints through their full range of movement and then try to move them a little beyond this. Try to do exercise regularly – little and often is often best. Speak to a physiotherapist about the best types of exercise for you and always follow their advice.

My GP says I have housemaid's knee. What is this? My GP says I have housemaid's knee. What is this? Housemaid's knee is the common name for the medical condition called prepatellar bursitis. It's often caused by the pressure of kneeling forwards for long periods. These days, prepatellar bursitis is often seen in carpet fitters or roofers – anyone who spends a lot of time working on their knees. If you have prepatellar bursitis, the bursa in front of your kneecap will become inflamed (swollen). A bursa is a small fluid-filled sac (bag) that acts as a sort of cushion or lubrication. It's usually found in and around your joints to prevent friction and keep your joints moving easily. When a bursa becomes inflamed (called bursitis), it swells up with fluid. The bursa between your kneecap and the skin that lies over

is your prepatellar bursa. Prepatellar bursitis can also be caused by a direct blow to your knee or a fall. It's more common in people who have gout or rheumatoid arthritis. Sometimes, prepatellar bursitis is caused by a bacterial infection, especially in children. If you have prepatellar bursitis, you may have: swelling over the front of your kneecap. difficulty kneeling and walking. redness of the skin over your knee. If you have an infection, your knee may look red, feel hot and painful. You may also have a raised temperature. Always see your GP if you have these symptoms. You can usually treat prepatellar bursitis at home with simple self-help measures. Your GP will recommend that you rest and put an ice pack on your knee. See the Self-help for knee injuries section above. Try to avoid doing the activity that caused the inflammation in the first place. Your GP may also recommend over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. These will reduce your pain and inflammation. You may find it helpful to use a stick or cane when you walk. Your GP may also refer you to a physiotherapist if you're finding it hard to move your knee. If your GP thinks your prepatellar bursitis is caused by an infection, they'll prescribe antibiotics. They may also take a small sample of fluid from the bursa through a needle (aspiration). They'll send the fluid to a laboratory to look for and identify any bacteria. The laboratory may also find certain crystals in the fluid if you have gout or rheumatoid arthritis. You can reduce your chances of getting prepatellar bursitis by wearing knee pads while you work, or kneeling on a cushion. Also try to take regular breaks, or change what you're doing to give your knees a rest. Did our information help you? We'd love to hear what you think. Our short survey takes just a few minutes to complete and helps us to keep improving our health information. At Bupa we produce a wealth of free health information for you and your family. This is because we believe that trustworthy information is essential in helping you make better decisions about your health and wellbeing. Our information has been awarded the PIF TICK for trustworthy health information. It also complies with the HONcode standard and follows the principles of the The Information Standard . Assessment of knee injury. BMJ Best Practice. bestpractice.bmj.com, last updated November 2017. Soft tissue knee injury. Medscape. emedicine.medscape.com, updated February 2016. Knee sprains and meniscal injuries. The MSD Manuals. www.msmanuals.com, last full review/revision August 2017. Meniscal tear. BMJ Best Practice. bestpractice.bmj.com, last updated November 2017. Meniscal tears and other cartilage knee injuries. PatientPlus. www.patient.info, last checked February 2017. Tendon rupture. PatientPlus. www.patient.info, last checked May 2015. Knee pain – assessment. Clinical Knowledge Summaries. cks.nice.org.uk, last revised August 2017. Anterior knee pain. PatientPlus. www.patient.info, last checked June 2015. Knee assessment. PatientPlus. www.patient.info, last checked February 2016. Joint injection and aspiration. PatientPlus. www.patient.info, last checked February 2016. Orthopaedics. Oxford Handbook of Operative Surgery (online). Oxford Medicine Online. oxfordmedicine.com, published online May 2017. Sprains and strains. Clinical Knowledge summaries. cks.nice.org.uk, last revised March 2016. Medial collateral ligament injury. BMJ Best Practice. bestpractice.bmj.com, last updated November 2017. Osteoarthritis. Clinical Knowledge Summaries. cks.nice.org.uk, last revised April 2015. Musculoskeletal problems. Oxford Handbook of General Practice (online). Oxford Medicine Online. oxfordmedicine.com, published online April 2014. Anterior cruciate ligament injury. BMJ

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5. <https://www.webmd.com/fitness-exercise/guide/knee-ligament-injuries>

Prevention. Ligament injuries in the knee -- such as an anterior cruciate ligament (ACL) -- can put you on the sidelines -- fast. They hurt a lot and may limit what you can do. Ligaments are tough bands of tissue that connect the bones in your body. There are four ligaments in the knee that are prone to injury:. Anterior cruciate ligament (ACL) is the most commonly injured knee ligament . It connects the thigh bone to the shin bone. Posterior cruciate ligament (PCL) also links the thigh bone to the shin bone in the knee. (It's rarely injured except in car accidents). Lateral collateral ligament (LCL) connects the thigh bone to the fibula, the smaller bone of the lower leg on the outer side of the knee. . A loud pop or snap during the injury. Swelling within the first 24 hours after the injury. A feeling of looseness in the joint. Inability to put weight on the joint without pain, or any weight at all. These injuries need medical attention. In some cases, as with ACL tears, you may need surgery so that your knee will be stable and won't give out when you twist or pivot. Your doctor will give you a physical exam . If your knee is very tense and swollen with blood , your doctor may use a needle to drain it. You may need X-rays to make sure you don't have a broken bone, as well as an MRI to check on any ligament injuries. A mild to moderate knee ligament injury may heal on its own, in time. To speed the healing, you can:. Rest the knee. Avoid putting much weight on your knee if it's painful to do so. You may need to use crutches for a time. Continued. Ice your knee for 20 to 30 minutes every 3 to 4 hours to lessen the pain and swelling. Keep doing it for 2 to 3 days, or until the swelling is gone.

Compress your knee. Put an elastic bandage, straps, or sleeves on your knee to control swelling. Raise your knee on a pillow when you're sitting or lying down. Take anti-inflammatory painkillers. Nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin , ibuprofen , or naproxyn will help with pain and swelling. Follow the directions exactly. Talk with your doctor or pharmacist if you have any questions or feel that you still need them after 7 to 10 days. Practice stretching and strengthening exercises if your doctor recommends them. Never stretch so much that it hurts. Ask your doctor to recommend a physical therapist for guidance. Only your doctor can tell you for sure. Though there can be exceptions, most collateral ligament tears (LCL and MCL) don't need surgery. However, when a cruciate ligament (ACL or PCL) is completely torn or stretched beyond its limits, the only option is reconstructive knee surgery. In this procedure, a surgeon will take tendons from other parts of your leg -- or from a cadaver -- to replace the torn ligament. A ligament reconstruction for an ACL or PCL injury is complicated and involved. It's not the right choice for everyone. A person who has knee pain or severe instability may choose to have it. So might an athlete who wants to regain their level of performance. But if the pain is not a problem, you may choose to skip the surgery and accept the risk of some lifelong instability in your leg. You may also opt for a custom-made brace. Talk about the treatment options with your doctor. When Will I Feel Better After a Knee Ligament Injury? In most cases, physical therapy can help to limit problems and speed up your recovery. If you have an ACL tear, your doctor may recommend this after surgery. While you recover, if your medical team agrees, you could take up a new activity that won't hurt your knee. For instance, runners could try swimming. Whatever you do, don't rush things. You shouldn't go back to your old level of physical activity until:. You can fully bend and straighten the knee without pain. It's no longer swollen. The injured knee is as strong as the uninjured knee. Prevention. Knee ligament injuries are hard to prevent. But you can take some precautions that may make them less likely. You should:. Keep your thigh muscles strong with regular stretching and strengthening. Maintain flexibility. American Academy of Orthopedic Surgeons: "Posterior Cruciate Ligament (PCL) Tear." . American Academy of Orthopedic Surgeons: "Knee Ligament Injuries." . Davis, M. Expert Guide to Sports Medicine, American College of Physicians Press, 2005. . Rouzier, P. The Sports Medicine Patient Advisor, second edition, SportsMed Press, 2004. . By clicking Subscribe, I agree to the WebMD Terms & Conditions & Privacy Policy and understand that I may opt out of WebMD subscriptions at any time.

6. <https://orthoinfo.aaos.org/en/diseases--conditions/common-knee-injuries/>

video. Your knee is a complex joint with many components, making it vulnerable to a variety of injuries. Some of the most common knee injuries include fractures, dislocations, sprains, and ligament tears. . Many knee injuries can be successfully treated with simple measures, such as bracing and rehabilitation exercises. Other injuries may require surgery to correct. Anatomy. Different views of the normal anatomy of the knee. The knee is the largest joint in the body, and one of the most easily injured. It is made up of four main things: bones, cartilage, ligaments, and tendons. Bones. Three bones meet to form your knee joint: your thighbone (femur), shinbone (tibia), and kneecap (patella). Articular cartilage. The ends of the femur and tibia, and the back of the patella are covered with articular cartilage. This

slippery substance helps your knee bones glide smoothly across each other as you bend or straighten your leg. **Meniscus.** Two wedge-shaped pieces of meniscal cartilage act as "shock absorbers" between your femur and tibia. Different from articular cartilage, the meniscus is tough and rubbery to help cushion and stabilize the joint. When people talk about torn cartilage in the knee, they are usually referring to torn meniscus. **Ligaments.** Bones are connected to other bones by ligaments. The four main ligaments in your knee act like strong ropes to hold the bones together and keep your knee stable. **Collateral ligaments.** These are found on the sides of your knee. The medial collateral ligament is on the inside of your knee, and the lateral collateral ligament is on the outside. They control the sideways motion of your knee and brace it against unusual movement. **Cruciate ligaments.** These are found inside your knee joint. They cross each other to form an "X" with the anterior cruciate ligament in front and the posterior cruciate ligament in back. The cruciate ligaments control the back and forth motion of your knee. **Tendons.** Muscles are connected to bones by tendons. The quadriceps tendon connects the muscles in the front of your thigh to your patella. Stretching from your patella to your shinbone is the patellar tendon. Your knee is made up of many important structures, any of which can be injured. The most common knee injuries include fractures around the knee, dislocation, and sprains and tears of soft tissues, like ligaments. In many cases, injuries involve more than one structure in the knee. Pain and swelling are the most common signs of knee injury. In addition, your knee may catch or lock up. Many knee injuries cause instability — the feeling that your knee is giving way. **Fractures.** The most common bone broken around the knee is the patella. The ends of the femur and tibia where they meet to form the knee joint can also be fractured. Many fractures around the knee are caused by high energy trauma, such as falls from significant heights and motor vehicle collisions. A dislocation occurs when the bones of the knee are out of place, either completely or partially. For example, the femur and tibia can be forced out of alignment, and the patella can also slip out of place. Dislocations can be caused by an abnormality in the structure of a person's knee. In people who have normal knee structure, dislocations are most often caused by high energy trauma, such as falls, motor vehicle crashes, and sports-related contact. The anterior cruciate ligament is often injured during sports activities. Athletes who participate in high demand sports like soccer, football, and basketball are more likely to injure their anterior cruciate ligaments. Changing direction rapidly or landing from a jump incorrectly can tear the ACL. About half of all injuries to the anterior cruciate ligament occur along with damage to other structures in the knee, such as articular cartilage, meniscus, or other ligaments. The posterior cruciate ligament is often injured from a blow to the front of the knee while the knee is bent. This often occurs in motor vehicle crashes and sports-related contact. Posterior cruciate ligament tears tend to be partial tears with the potential to heal on their own. Injuries to the collateral ligaments are usually caused by a force that pushes the knee sideways. These are often contact injuries. Injuries to the MCL are usually caused by a direct blow to the outside of the knee, and are often sports-related. Blows to the inside of the knee that push the knee outwards may injure the lateral collateral ligament. Lateral collateral ligament tears occur less frequently than other knee injuries. Sudden meniscal tears often happen during sports. Tears in the meniscus can occur when twisting, cutting, pivoting, or being tackled. Meniscal tears may also occur as a result of arthritis or aging. Just

an awkward twist when getting up from a chair may be enough to cause a tear, if the menisci have weakened with age. The quadriceps and patellar tendons can be stretched and torn. Although anyone can injure these tendons, tears are more common among middle-aged people who play running or jumping sports. Falls, direct force to the front of the knee, and landing awkwardly from a jump are common causes of knee tendon injuries. When you are first injured, the RICE method -- rest, ice, gentle compression and elevation - can help speed your recovery. Be sure to seek treatment as soon as possible, especially if you:. Have swelling at the injury site. The type of treatment your doctor recommends will depend on several factors, such as the severity of your injury, your age, general health, and activity level. Nonsurgical Treatment. Many knee injuries can be treated with simple measures, such as:. Immobilization. Your doctor may recommend a brace to prevent your knee from moving. If you have fractured a bone, a cast or brace may hold the bones in place while they heal. To further protect your knee, you may be given crutches to keep you from putting weight on your leg. Physical therapy. Specific exercises will restore function to your knee and strengthen the leg muscles that support it. Surgical Treatment. Many fractures and injuries around the knee require surgery to fully restore function to your leg. In some cases - such as many ACL tears — surgery can be done arthroscopically using miniature instruments and small incisions. Many injuries require open surgery with a larger incision that provides your surgeon with a more direct view and easier access to the injured structures. SOURCE: Department of Research & Scientific Affairs, American Academy of Orthopaedic Surgeons. Rosemont, IL: AAOS; February 2014. Based on data from the National Ambulatory Medical Care Survey, 2010; Centers for Disease Control and Prevention. To Top. AAOS does not endorse any treatments, procedures, products, or physicians referenced herein. This information is provided as an educational service and is not intended to serve as medical advice. Anyone seeking specific orthopaedic advice or assistance should consult his or her orthopaedic surgeon, or locate one in your area through the AAOS Find an Orthopaedist program on this website. Privacy Policy Terms & Conditions Linking Policy AAOS Newsroom Find an Orthopaedist . Copyright ©1995-2020 by the American Academy of Orthopaedic Surgeons. All material on this website is protected by copyright. All rights reserved. This website also contains material copyrighted by third parties.

7. <https://www.mayoclinic.org/diseases-conditions/knee-pain/symptoms-causes/syc-20350849>

This content does not have an English version. Knee pain is a common complaint that affects people of all ages. Knee pain may be the result of an injury, such as a ruptured ligament or torn cartilage. Medical conditions — including arthritis, gout and infections — also can cause knee pain. Many types of minor knee pain respond well to self-care measures. Physical therapy and knee braces also can help relieve knee pain. In some cases, however, your knee may require surgical repair. Symptoms. The location and severity of knee pain may vary, depending on the cause of the problem. Signs and symptoms that sometimes accompany knee pain include:. Have marked knee swelling. Are unable to fully extend or flex your knee. See an obvious deformity in your leg or knee. Have a fever, in addition to redness, pain and swelling in your knee. ACL injury. The anterior cruciate

ligament (ACL) is one of the key ligaments that help stabilize your knee joint. The ACL connects your thighbone (femur) to your shinbone (tibia). It's most commonly torn during sports that involve sudden stops and changes in direction — such as basketball, soccer, tennis and volleyball. Torn meniscus. The meniscus is a C-shaped piece of tough, rubbery cartilage that acts as a shock absorber between your shinbone and thighbone. It can be torn if you suddenly twist your knee while bearing weight on it. A knee injury can affect any of the ligaments, tendons or fluid-filled sacs (bursae) that surround your knee joint as well as the bones, cartilage and ligaments that form the joint itself. Some of the more common knee injuries include:.

- ACL injury. An ACL injury is a tear of the anterior cruciate ligament (ACL) — one of four ligaments that connect your shinbone to your thighbone. An ACL injury is particularly common in people who play basketball, soccer or other sports that require sudden changes in direction.
- Fractures. The bones of the knee, including the kneecap (patella), can be broken during motor vehicle collisions or falls. People whose bones have been weakened by osteoporosis can sometimes sustain a knee fracture simply by stepping wrong.
- Torn meniscus. The meniscus is formed of tough, rubbery cartilage and acts as a shock absorber between your shinbone and thighbone. It can be torn if you suddenly twist your knee while bearing weight on it.
- Knee bursitis. Some knee injuries cause inflammation in the bursae, the small sacs of fluid that cushion the outside of your knee joint so that tendons and ligaments glide smoothly over the joint.
- Patellar tendinitis. Tendinitis is irritation and inflammation of one or more tendons — the thick, fibrous tissues that attach muscles to bones. Runners, skiers, cyclists, and those involved in jumping sports and activities may develop inflammation in the patellar tendon, which connects the quadriceps muscle on the front of the thigh to the shinbone.
- Mechanical problems. Some examples of mechanical problems that can cause knee pain include:.
- Loose body. Sometimes injury or degeneration of bone or cartilage can cause a piece of bone or cartilage to break off and float in the joint space. This may not create any problems unless the loose body interferes with knee joint movement, in which case the effect is something like a pencil caught in a door hinge.
- Iliotibial band syndrome. This occurs when the tough band of tissue that extends from the outside of your hip to the outside of your knee (iliotibial band) becomes so tight that it rubs against the outer portion of your femur. Distance runners and cyclists are especially susceptible to iliotibial band syndrome.
- Dislocated kneecap. This occurs when the triangular bone (patella) that covers the front of your knee slips out of place, usually to the outside of your knee. In some cases, the kneecap may stay displaced and you'll be able to see the dislocation.
- Hip or foot pain. If you have hip or foot pain, you may change the way you walk to spare these painful joints. But this altered gait can place more stress on your knee joint. In some cases, problems in the hip or foot can cause knee pain.

Types of arthritis. More than 100 different types of arthritis exist. The varieties most likely to affect the knee include:.

- Osteoarthritis. Sometimes called degenerative arthritis, osteoarthritis is the most common type of arthritis. It's a wear-and-tear condition that occurs when the cartilage in your knee deteriorates with use and age.
- Rheumatoid arthritis. The most debilitating form of arthritis, rheumatoid arthritis is an autoimmune condition that can affect almost any joint in your body, including your knees. Although rheumatoid arthritis is a chronic disease, it tends to vary in severity and may even come and go.
- Gout. This type of arthritis occurs when uric acid crystals build up in the joint. While

gout most commonly affects the big toe, it can also occur in the knee. Pseudogout. Often mistaken for gout, pseudogout is caused by calcium-containing crystals that develop in the joint fluid. Knees are the most common joint affected by pseudogout. Septic arthritis. Sometimes your knee joint can become infected, leading to swelling, pain and redness. Septic arthritis often occurs with a fever, and there's usually no trauma before the onset of pain. Septic arthritis can quickly cause extensive damage to the knee cartilage. If you have knee pain with any of these symptoms, see your doctor right away. Other problems. Patellofemoral pain syndrome is a general term that refers to pain arising between the kneecap (patella) and the underlying thighbone (femur). It's common in athletes; in young adults, especially those who have a slight maltracking of the kneecap; and in older adults, who usually develop the condition as a result of arthritis of the kneecap. Risk factors. A number of factors can increase your risk of having knee problems, including: Excess weight. Being overweight or obese increases stress on your knee joints, even during ordinary activities such as walking or going up and down stairs. It also puts you at increased risk of osteoarthritis by accelerating the breakdown of joint cartilage. Lack of muscle flexibility or strength. A lack of strength and flexibility can increase the risk of knee injuries. Strong muscles help to stabilize and protect your joints, and muscle flexibility can help you achieve full range of motion. Certain sports or occupations. Some sports put greater stress on your knees than do others. Alpine skiing with its rigid ski boots and potential for falls, basketball's jumps and pivots, and the repeated pounding your knees take when you run or jog all increase your risk of knee injury. Jobs that require repetitive stress on the knees such as construction or farming also can increase your risk. Complications. Not all knee pain is serious. But some knee injuries and medical conditions, such as osteoarthritis, can lead to increasing pain, joint damage and disability if left untreated. And having a knee injury — even a minor one — makes it more likely that you'll have similar injuries in the future. Prevention. Although it's not always possible to prevent knee pain, the following suggestions may help forestall injuries and joint deterioration: Keep extra pounds off. Maintain a healthy weight; it's one of the best things you can do for your knees. Every extra pound puts additional strain on your joints, increasing the risk of injuries and osteoarthritis. Be in shape to play your sport. To prepare your muscles for the demands of sports participation, take time for conditioning. Work with a coach or trainer to ensure that your technique and movement are the best they can be. Practice perfectly. Make sure the technique and movement patterns you use in your sports or activity are the best they can be. Lessons from a professional can be very helpful. Get strong, stay flexible. Because weak muscles are a leading cause of knee injuries, you'll benefit from building up your quadriceps and hamstrings, which support your knees. Balance and stability training helps the muscles around your knees work together more effectively. And because tight muscles also can contribute to injury, stretching is important. Try to include flexibility exercises in your workouts. Be smart about exercise. If you have osteoarthritis, chronic knee pain or recurring injuries, you may need to change the way you exercise. Consider switching to swimming, water aerobics or other low-impact activities — at least for a few days a week. Sometimes simply limiting high-impact activities will provide relief. The Mayo Clinic experience and patient stories. Our patients tell us that the quality of their interactions, our attention to detail and the efficiency of their visits mean health care like they've never

experienced. See the stories of satisfied Mayo Clinic patients. Orthopedic Surgery at Mayo Clinic Ends Nurse's Hip and Knee Pain. Jesse Stewart with Bruce DeGrote Jesse Stewart couldn't understand why the seven orthopedic surgeries he'd had for pain in one knee and both hips hadn't done anything to improve his quality of life. After coming to Mayo Clinic, however, Jesse found the answer to that question, and he finally received surgery that fixed the problems. [...]. Restored Knee Function Transforms a Life, Inspires Family to Give Back. The Reibels have relied on Mayo Clinic for their care for 25 years. That experience has inspired them to donate to Mayo Clinic's Center for Regenerative Medicine. Even in retirement, Dr. and Mrs. Reibel -- or Jay and Barbara as their friends at Mayo Clinic have come to know them -- are always on the go. They [...]. Clunie GPR, et al. Rheumatology and bone disease. In: Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh, U.K.: Elsevier; 2018. <https://www.clinicalkey.com>. Accessed Feb. 9, 2019. Firestein GS, et al., eds. Hip and knee pain. In: Kelley and Firestein's Textbook of Rheumatology. 10th ed. Philadelphia, Pa.: Elsevier; 2017. <https://www.clinicalkey.com>. Accessed Feb. 9, 2019. Beutler A, et al. Approach to the adult with knee pain likely of musculoskeletal origin. <https://www.uptodate.com/contents/search>. Accessed Feb. 9, 2019. Deveza LA. Overview of the management of osteoarthritis. <https://www.uptodate.com/contents/search>. Accessed Feb. 9, 2019. Mandl LA, et al. Overview of surgical therapy of knee and hip osteoarthritis. <https://www.uptodate.com/contents/search>. Accessed Feb. 9, 2019. Covey CJ, et al. Approach to the adult with unspecified knee pain. <https://www.uptodate.com/contents/search>. Accessed Feb. 9, 2019. Bunt CW, et al. Knee pain in adults and adolescents: The initial evaluation. American Family Physicians. 2018;98;576. AskMayoExpert. Osteoarthritis of the knee. Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2018. Waldman SD. Arthritis pain of the knee. In: Atlas of Common Pain Syndromes. 4th ed. Philadelphia, Pa.: Elsevier; 2019. <https://www.clinicalkey.com>. Accessed Feb 9, 2019. Merchant AC, et al. The diagnosis and initial treatment of patellofemoral disorders. American Journal of Orthopedics. 2017;46:68. Deveza LA, et al. Management of knee osteoarthritis. <https://www.uptodate.com/contents/search>. Accessed Feb 9, 2019. Glucosamine and chondroitin for osteoarthritis. National Center for Complementary and Integrative Health. <https://nccih.nih.gov/health/glucosaminechondroitin>. Accessed Feb. 9, 2019. Acupuncture: In depth. National Center for Complementary and Integrative Health. <https://nccih.nih.gov/health/acupuncture/introduction>. Accessed Feb. 9, 2019. Dutton RA, et al. Patellofemoral pain. Physical Medicine and Rehabilitation Clinics of North America. 2016;27:31. Yu S. Investigational approaches to the management of osteoarthritis. <https://www.uptodate.com/contents/search>. Accessed Feb. 9, 2019. Mayo Clinic Q and A: Evaluation can determine cause, guide treatment for knee pain March 22, 2019, 09:00 p.m. CDT. Manage Cookies. A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research. [verify here](#).

8. <https://rothmanortho.com/stories/blog/the-5-most-common-knee-injuries>

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9. <https://kidshealth.org/en/teens/knee-injuries.html>

Print. The knee is a joint that joins the thigh bone (femur) to the top of the shin bone (tibia). It is made up of bones, , and tendons. These parts work together to make the legs bend, straighten, and swivel. A knee injury can damage one or more parts of the knee. Teens may injure a knee in a fall or accident. Active and athletic teens might have overuse knee injuries . These happen when someone trains too much or makes repetitive motions involving the knee. sprains : when a ligament stretches or tears; for example, an anterior cruciate ligament (ACL) or medial collateral ligament (MCL) tear. tendonitis: when a tendon gets irritated or inflamed, usually from overuse or poor training (for example, in jumper's knee) . fractures: when a bone breaks. Osgood-Schlatter disease :. bursitis : swelling of one of the fluid filled sacs that cushion the knee. The signs and symptoms of a knee injury depend on the cause. Most knee injuries cause pain. A knee injury may also lead to the knee feeling weak, "giving way," or "locking." Someone with a knee injury might not be able to fully bend or straighten the knee. The injured knee may be swollen or bruised. How Are Knee Injuries Diagnosed? To diagnose a knee injury, health care providers ask about how the injury happened and what symptoms it causes. The health care provider will do a physical exam that includes pressing on the knee and legs and moving them in certain ways. These tests can show what part of the knee is injured. Imaging tests done sometimes used include:. Be sure you wear the recommended protective equipment for sports (such as knee pads and shin guards). Wear supportive athletic shoes that are in good condition. Do regular strength training to support muscles, and stretching or yoga to improve flexibility. If you cut laterally or pivot frequently (as in soccer), crouch and bend at the knees and hips to reduce the chances of an ACL injury. If you play just one sport, conditioning and training year-round — even if it's at a lower intensity than during the competitive season — can help you stay in shape and make an injury less likely. What Else Should I Know? If your knee hurts, it is important to know why. Go to a health care provider to find out what's causing the pain and to get treatment. Notice of Nondiscrimination. Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

10. <https://www.youtube.com/watch?v=SnfEmezg7eY>

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